

# THE MEDICAL AND SURGICAL REPORTER.

No. 1567.]

PHILADELPHIA, MARCH 12, 1887.

[Vol. LVI.—No. 11.]

## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### THE DUTY OF THE STATE TO THE INSANE.\*

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The embarrassment of my situation this evening will, I hope, be appreciated, and the crudity of my remarks be excused, when I say that only five days ago was I made aware that a paper was expected from me.

The subject which I have chosen is one to which I have given some thought and investigation, but the time has been too brief to place my ideas in orderly relation to each other, or to gather the scattered host of authorities and references which I might otherwise marshal to my support.

What I have to present, therefore, is thrown out more with the hope of provoking discussion and interest in the subject than with the idea of enlightening any of the members of these two societies, so many of whom have had larger experience, and achieved riper judgment than I have.

There can be no question of the duty of the state to care for its wards in accordance with the best judgment of the time, and to keep pace with the progress which a better knowledge is making for their protection, relief, or, if possible, cure.

Following, as we so closely do in many other things, the English law and practice, it has come to be an accepted fact that those who, from birth or by reason of the accidents and ills of life, are *non compos mentis*,

are peculiarly deserving of the watchful guardianship of the state. The earliest English laws had only to do with the estates of these unfortunates, which were the king's prerogative, and out of which their owners were, by legal provision, provided for in accordance with the customs of the time. It came to be observed in time that enactments which had regard only to the estates of the insane did not meet all the requirements of the case, and that the person as well as the estates needed care and custody. Having in view always the "liberty of the subject," which could not be violated without due process of law and for good and sufficient reason, statutes were framed which permitted the restraint of the insane, confining the application at first to those only who were manifestly dangerous to themselves or to others. Gradually the question of confinement for curative purposes came to be considered, and its necessity admitted, until at the present time all civilized countries recognize in some way the legality of commitments to asylums and hospitals of those of the insane who are not of necessity dangerous, but whose detention is justified by the exigencies of treatment.

It is the natural outgrowth of all theories of government which pretend to be paternal in form that the State should afford to its citizen protection, and particularly so "when he is without the use and enjoyment of his mental powers." The means to this end will always be a fair measure of the degree of advancement in civilization attained by the State.

In caring for her insane wards, the State should seek those means which shall best accomplish—

\* Read before the Philadelphia Medico-Legal Society.

1. The protection of the insane from themselves and from the cruelty and neglect of others.

2. The protection of its sane citizens from the violence of the insane.

3. The restoration of the insane to a condition of sanity.

I have placed these objects in the order in which they are usually enumerated, and in which the law usually regards them. In the order of their importance they should be reversed, for the restoration of the insane to a condition of sanity implies the accomplishment in the course of its attempt of all the others.

It is, I think, a fact which cannot be controverted that the insane are best cared for and their recovery most surely accomplished in organized hospitals devoted to their special treatment. This is certainly true of those of the indigent and pauper class, who cannot afford to make the arrangements which would otherwise be necessitated; and I feel confident that the hospitals of the future will afford to all classes such accommodations that private care will be as unnecessary as it is often unwise.

To insure the proper treatment of its insane wards, it becomes the duty of the State to make such provisions that all its insane can find ready and proper treatment in its hospitals.

In England and Wales the census of 1880 returns, on the 1st of January, 71,191 lunatics, idiots, and persons of unsound mind. Of these there were in county and borough asylums, hospitals, and district asylums, 44,035 paupers, 3,513 private patients, and 655 criminals; in licensed houses, 1,084 paupers, 3,404 private patients, and 61 criminals; in workhouses (corresponding to our almshouses), 11,991 paupers; residing with relatives and others, 5,980 paupers and 468 private patients.

It will be seen that of the 63,090 pauper insane, 45,219 (or nearly seventy-two per cent.) were in hospitals or licensed houses, and but 11,991 (or about seventeen per cent.) in the insane wards of workhouses, and these are, as required by the Commissions of Lunacy, only of the most quiet and harmless kind. Of the private insane, 7,385 in all, all but 468 were in hospitals or licensed houses.

Let us compare this with the condition of the insane in the State of Pennsylvania, as shown by the United States census of the same year. Of the 8,304 insane in this State, as enumerated in the census of 1880, but thirty-six per cent. were in organized

hospitals, eighteen per cent. in almshouses, and forty-six per cent. at home. Massachusetts has sixty per cent. in hospitals, nine per cent. in almshouses, thirty-one per cent. at home. New York, fifty-seven per cent. in hospitals, eleven per cent. in almshouses, and thirty-two per cent. at home. Of all the large states, Pennsylvania had the smallest proportion of her insane in hospitals, and the largest in almshouses and at home.

Of all the insane in the United States in 1880, nine per cent. were resident in this state. Of all the insane in hospital but seven per cent. were in Pennsylvania, while sixteen per cent. of all those in almshouses were in Pennsylvania.

Here is a condition of affairs that may well attract attention. I am happy to say that since 1880 a larger number of insane have found accommodation in the hospitals and asylums of this State, but the number is still far below what it should be. According to the second annual report of the Committee on Lunacy of this State, its hospitals afforded accommodation for but 44.5 per cent. of the insane. As the hospital accommodations have not been increased, the percentage at this time is much smaller, owing to the natural increase and accumulation of chronic cases.

Having made suitable provision for the insane, the question of the legal admission and detention of this class is of next importance.

The majority of the enactments in force in the United States and, indeed, in England to-day, appear to have been framed under a most remarkable suspicion that the citizens of the State were in constant menace of being spirited behind the bars of an asylum, and forever disappearing from the view of mankind.

So strong appears to have been the conviction that medical men were ready to conspire to commit their fellow-citizens to asylums for the insane, and that the medical officers of asylums were waiting to aid and abet them, that the law of this State to-day directs that each examiner shall see the patient separately from the other, thus debarring each and the suspected lunatic from the benefits of conjoined examination and consultation.

Hear what an eminent English author, for many years Lord Chancellor's Visitor in Lunacy, says upon this point, which also finds a lodgment in English lunacy law:

"It seems, if one thinks of it, a strange embodiment of jealousy and distrust; for in other instances where the opinions of two or more medical men are required, the opposite

course is taken in order to secure the great advantage of combined observation. When in any other form of disease it is desired to confirm the opinion of one medical man by that of another, what would be thought of the wisdom of a proposal that each man should examine the patient separately? When medical men examine a patient together, they usefully check each other, and are of the greatest mutual assistance in observing correctly and estimating rightly the symptoms of disease, a consideration of the greatest importance in cases of mental disease, whereof the main symptoms are words spoken by the patient, which often convey a different meaning to the minds of different people. If the lunacy laws had not been imbued with distrust of the medical profession, they would never have contained an enactment abrogating all the advantages of medical consultation. Rather would they have enacted that the examination should be a joint one, the opinion concurrent, and the report thereof, or certificate, mutual."

In view of the assertion and implication that the insane are improperly committed, it may be of interest to examine the testimony of the late Lord Shaftesbury, for over forty years the head of the English Lunacy Commission, a man who was eminently entitled to be called the friend of the insane, and whose whole life was spent in improving their condition.

In his testimony before the Parliamentary Committee of 1877 he says, of the one hundred and eighty-five thousand certificates of lunacy that had passed through the hands of the Committee from 1859 to 1877, that he is "quite certain"—I quote his own language—"that, out of the one hundred and eighty-five thousand, there was not one who was not shut up upon good, fair, *prima facie* evidence that he ought to be under care and treatment." Speaking further upon this subject of commitment, he said that, in his opinion, insufficient safeguards were thrown about the liberty of the subject.

If the insane are to be cared for with their recovery in view, every obstacle, as far as practicable, should be removed from their early commitment to asylums and hospitals. Experience has taught that recovery is to be expected only when the case is placed early under treatment.

Sir James Cox, long the head of the Scotch Committee on Lunacy, a body which has done all in its power to encourage early treatment, testified that every impediment which is thrown in the way of early treatment acts most prejudicially upon the pa-

tient by tending to render permanent the aberration. Referring to the experience of the Scotch asylums, whose large percentage of recoveries is due to the fact that early commitment is encouraged and facilitated by the law, he says, citing the example of the Renfrewshire asylums, where the highest percentage of recoveries and the shortest duration of treatment has been attained, that in these particular cases this is brought about by the fact that the directors of the poor can put a patient in the asylum without any difficulty, and that discharge is equally easy.

Dr. Harrington Tuke, before the same Committee of 1877, testified that, in conjunction with the late Dr. Conolly, a man who certainly would not unadvisedly suggest asylum restraint, he had examined the statistics of three asylums with which they had been connected, and found that seventy-seven per cent. of cases treated while the insanity was of less than three months' duration recovered. Those treated at later periods diminished in absolutely geometrical ratio until, after twelve months' duration, it was something like twelve per cent. of recoveries.

These statistics bear out some calculations of my own, made at the State Lunatic Asylum at Utica five years ago, and published in the Asylum reports. Of the admissions to that institution for ten years, aggregating four thousand one hundred and twenty-nine insane persons, thirty-two and a half per cent. recovered. Of those insane a year and over, but twelve and one-third per cent. recovered; while of the entire number insane under twelve months, forty-four per cent. recovered.

At this point reference may be proper to the unfortunate result of agitation concerning lunacy matters and the suspicion cast upon asylums and their management by newspapers, legislative committees, etc.

In New York State, the year 1878 marks the commencement of a series of most malignant attacks upon the asylum-system of the State, resulting in no less than five legislative inquiries, which have, I am happy to say, resulted in a vindication of the asylum officials and the lunacy laws of the State from the charge of improper commitment to asylums, or unjust confinement or treatment therein.

The results, as concerns the unfortunate insane, were not so happy. For seven years, (1872 to 1878, both inclusive) the average percentage of cases admitted to the Asylum at Utica who were insane a year or more on reception was thirty-three and a third. In

1879 it rose to thirty-five and one-half, and in 1884 it reached fifty-one and six-tenths, the average for the second period of seven years (1879-1885) being forty-five per cent. of practically chronic cases.

The second, third, and fourth reports of the Committee of Lunacy of this State will show that from forty-two per cent., or a little over two-fifths of the admissions, for the past three years, to all the organized hospitals and asylums of the State, seventy-three and two-thirds, or nearly three-fourths of all the recoveries were drawn.

These reports will also show that fifty-eight per cent. of the cases admitted to the hospitals and asylums were chronic cases.

What is the remedy? Primarily, it seems to me, the creation of a public sentiment in favor of hospitals and asylums. The removal as far as possible of the feeling of distrust and suspicion which now surrounds the subject is necessary to induce the friends of the insane to take advantage of the facilities offered them for treatment.

It is, of course, implied that the State shall furnish sufficient accommodations for its insane before asking its citizens to take advantage of them.

One great obstacle which lies in the path of early asylum treatment is the objection which physicians have against signing certificates of insanity.

The law places upon them the onus of saying not only that the person examined is insane, but that he is a proper case for confinement. They are not protected in any way against the annoyance of suit for damages brought by unrecovered lunatics before ignorant and prejudiced juries. Many physicians in general practice, moreover, feel themselves without sufficient training and experience in the diagnosis of insanity to be able or willing, in the very earliest stages of the disease, to take the responsibility of diagnosis and certification. To obviate this, all medical schools should make instruction upon insanity a by no means unimportant part of their medical course, and attendance necessary to graduation. I speak with all due respect for the knowledge and diagnostic acumen of my medical brethren in general practice when I say that of one single form of insanity, one that is singularly regular and characteristic in its manifestations, I have not known a single case out of over two hundred and fifty to be recognized before commitment. I refer to paresis. The mental disturbance was appreciated, as evinced by the certificate, but the peculiar form wholly unrecognized.

The fault was not with the physicians. They had never had occasion or opportunity to receive instruction in these cases.

Another element which is active in preventing early asylum-treatment is the indisposition of poor-relief officers, overseers, and others, to grant orders of admission until some overt act or threatened violence makes detention necessary; and too often in such cases even the wish to stand well with an unthinking constituency by a show of economy results in the incarceration of acute cases in almshouses. The law should make such action a misdemeanor.

In the State of New York, except in the counties of Kings, New York, and Monroe, there is no place except a State asylum where a case of acute insanity requiring public relief can be legally detained.

As far as proper care is concerned, the pauper seems in the State of Pennsylvania to have the advantage. Persons who are able to pay the low rates of three and four dollars weekly are compelled to depend upon the charity of the incorporated hospital, as in their present crowded condition the State asylums cannot receive them.

The provision of the New York lunacy law in regard to the indigent insane not paupers might, it seems to me, be well imitated.

I am informed that the necessary exclusion of these cases has resulted in part in the at present low percentage of recoveries in the hospitals of this State.

It seems a crying wrong that a small taxpayer who has assisted for years in supporting the hospitals of the State must, when becoming insane, be refused the benefit of treatment because his place is occupied by a pauper, of whose recovery, in four cases out of five, there is no expectation.

In the thirty-eighth annual report of the Commissioners in Lunacy for Scotland reference is made to exactly this condition of things, which was found to exist in one of the royal asylums (institutions corresponding somewhat with our State asylums). The Commissioners say of this asylum; at present the public are suffering by the presence in the asylum of pauper patients, who might, as they point out, be as well provided for elsewhere, being quiet chronic cases. As a consequence, twenty-seven private patients at low rates were refused. At the time of the visit (of the Commissioners) two letters applying for admission were seen, one of which from a mechanic points out that, so far as he can see, but two classes were provided for, the very rich and the very poor. The Com-



missioners very emphatically animadvert upon this condition of affairs.

The State owes a duty to all classes of her citizens to so provide that they may feel assured that in the event of becoming insane they shall be properly cared for.

Not by any means the least of the duties of the State is to provide, by Commissioners or otherwise, such a system of inspection and visitation of all places where the insane are confined that their friends shall be afforded a means of satisfying themselves of the proper conduct of such places.

Such a Commission is or should be an educator of the people—a bulwark on the one hand against unjust charges concerning asylum and hospital management, and on the other against the improper care and custody of the insane.

Imbued with a right spirit, they are strong factors in the establishment and maintenance of a proper system of hospital care, as witness the course of the English and Scotch Commissioners, who have been a real help to asylum physicians instead of captious critics, and who have by their course aided very materially in promoting the prompt and proper care of the insane. So strong has become the opinion of the English Commissioners in favor of early treatment that when it was recently proposed to throw, by an amendment of the law, increased difficulties in the way of early commitments, the chairman of the Commission resigned rather than by retaining office seem to sanction such a change.

The Lunacy Committee of this State is, I believe, endeavoring to emulate the example of its English prototype. Under our more recent laws, which in some respects are not harmonious in all their relations, and with few American precedents to guide it, and an incomplete asylum system to work with, the Committee may not in all things accomplish at once what might be desired. Its hands should be sustained, however, and time and wider experience may be trusted to work much good.

### THE RHUS GLABRUM—A REMEDY FOR STOMATITIS.

BY HIRAM CORSON, M. D.,  
Of Conshohocken, Pa.

Your readers may not consider a paper on this subject of sufficient importance to occupy their attention, inasmuch as it is often a very trifling affection—"thrush," "baby's sore mouth," etc.—but as the term is used

by authors to embrace not only these trifling affections, but others much more serious and oftentimes fatal, and as the remedy which I have often used is a very safe one—by that I mean not poisonous—even in the mouths of little children, they will probably be willing to read what can be said in its favor. I am, too, impelled to offer it because only a few years ago a medical friend lost a loved child of tender age from stomatitis, which was caused of great sorrow to the parents; and also because Professor Thomas Spencer, of New York State, was, when in active practice, thirty years or more ago, prosecuted for malpractice, charged with having salivated a child and causing its death while treating it for cholera infantum, though he had not used a grain of mercury in the case.

The first notice I ever saw of the use of sumach was in the May number of the *American Journal of the Medical Sciences* in 1829, in a paper by Dr. Wm. Fahnestock entitled "On the Rhus Glabrum as a Remedy for Ptyalism." I fancy your readers are about to say, What has a remedy for ptyalism to do with the treatment of stomatitis? or, rather, is there such similarity in cause or morbid condition that the remedy for one would be likely to benefit the other?

What an opening there is here now to talk about germs; about every grade of stomatitis being caused by a different kind of germ, and that the remedy for the affection must be a germicide, and to descend learnedly on ptyalism as the result of a weakening of the system by the use of mercury, so that the germs, which were lying in the mouth in countless numbers, unable to prey on its structures while in full health, were loosed from their thralldom, enabled to multiply, and began their ravages on the tissues! But I am not fitted for this opportunity, so will return and speak of my subject as though germs had never been heard of. Dr. Fahnestock's "first case was a patient who had been treated with mercury internally and externally for typhoid pneumonia, and which affected the system to a most distressing degree." So it seems there was typhoid pneumonia fifty years—nearly sixty years—ago, when, in the opinion of our present medical teachers, the human system was strong, and patients could bear depletion not allowable now. Professor F. continues: "The face and eyes were very much swollen, the tongue enlarged and protruded, the internal surface of the mouth denuded, and the fauces in ulcers. A luke-warm gargle of the inner bark of the root of the Pennsylvania sumach was ordered to be

used every fifteen minutes, and mucilaginous drinks enjoined; relief was soon experienced, and in a few days the irritation was entirely removed."

Case 2. "A girl 9 years old, profusely salivated when ill with remittent fever, and which resisted all the irritating compounds of borax, myrrh, etc., and continued until it had effected anchylosis of the jaw, extensive caries of the upper maxillary bone and sloughing of the cheek; then put under the care of another physician, who, after a time, abandoned the case in despair.

"She was then directed to a notorious panacea shop of this city, and dosed with half a dozen bottles of the celebrated nostrum, with no other effect than increasing the irritation and extending the sufferings.

"We were then asked to visit the child, and found her with jaw perfectly fixed, the angle of the mouth sloughed away, the superior maxillary bone of one side carious, and discharging from four to six ounces of the most fetid sanies every 24 hours, which excoriated the cheeks and rendered her extremely offensive to all attendants.

"We recommended to her as the only prospect of relief to submit to an operation, provided healthy action could first be produced in the parts, which we anticipated from the *correcting qualities* of the sumach. She was immediately put under treatment, laxative and mucilaginous drinks ordered, and the gargle of the sumach used every half hour. In the course of a week or ten days the morbid action was changed, and the parts put on a healthy appearance.

"The operation was then performed, in which we removed the whole alveolar process of the affected side; the gums united most gently, the ulcer of the cheek healed up, and the patient recovered rapidly and has remained perfectly well." (The operation was performed December, 1825.)

I may add to this that I have known the patient intimately for more than fifty years, and though her face is somewhat deformed, she is a healthy woman, the mother of healthy children, and now about 75 years of age.

Having thus shown its value as a remedy in ptyalism, which seems to have kinship with stomatitis, it is necessary to show how nearly alike are the symptoms, and that the sumach is as efficient in the one disease as in the other.

Dr. Joseph Parrish, half a century ago, in lecturing to his private pupils, used to speak to them when treating of diseases of the mouth, of a severe form of stomatitis, as "A disease resembling the effect of mercury,"

and Dr. Jesse Young, an eminent practitioner, in an article "On the Gangrenous Sore Mouth of Children," published in the *American Journal* for May, 1831, thus refers to the name of the disease given by Dr. Parrish: "I frequently see descriptions of a disease under the names *cancrum oris*, gangrenous sore mouth, humid gangrene of the lips, gangrenous erosion of the cheek, etc., etc., but there cannot be a more practical name, or one that conveys a more accurate idea of its appearance, than that applied to it by Dr. Parrish."

Dr. Young did not regard this disease as a trifling one; he speaks of it as "being frequently fatal under all the different modes of practice resorted to by different practitioners, and that no means have been heretofore generally successful, with the single exception of *sulphas cupri*."

His desire was to add another remedy to the list, and for that purpose he wrote his essay. Allow me to quote a portion of it, to show how greatly his case resembled Dr. Fahnestock's, and yet the one was stomatitis, a disease resembling the effects of mercury, the other the mercurial disease itself. In June, 1824, was called to a child four years and two months old, sick a week, despite efforts to cure it, and steadily getting worse. "On visiting him it was with difficulty I could be convinced that the child was not laboring under a severe mercurial salivation, there being several sores in the roof of his mouth and in the cheeks, which had exactly the appearance of mercurial sores; the saliva flowed constantly from his mouth, and his breath exhaled an uncommonly fetid odor. On being assured that he had taken no mercury, and that it was impossible for him to have obtained it, I gave up the idea of mercury, and concluded that it must depend on an unfavorable state of the stomach and intestines." At that time Dr. Young had not heard of the value of *sulph. cupri*. He began treatment of the child June 13; June 14 and 15 it grew steadily worse; on the 16th he wrote: "The sores look darker than yesterday, and I began seriously to apprehend a fatal result, particularly so, as I heard this morning of the death of a child in the neighborhood from what was said to be the same disease. Almost in despair of curing, I ordered a gargle or wash of eight grains of deuto-chloride of mercury in an ounce of water; the sores to be cautiously but accurately touched three times a day by means of a swab; and a tablespoonful of the decoction of Peruvian bark every four hours to be taken.

"By the 20th the sores had all sloughed, some of the small ones had healed entirely, and the larger ones had a healthy florid appearance. Two of the other children were attacked, but not the least difficulty was found in curing them by the same means. Since then I have seen about thirteen cases, all readily cured by the same treatment." He adds: "Here, I would be understood as distinguishing between the disease in question and the aphthous sore mouth of children, so common, and which mothers generally manage themselves."

My object in quoting so largely from the physicians named was to show that these three careful observers could not distinguish between what is considered a dangerous stomatitis and a bad case of mercurial salivation, which in those days they not infrequently encountered. I have had both kinds of cases, from the mildest to the severest, and in the management of them have used the gargle or wash of the inner bark of the sumach, with excellent results. I had seen some cases of severe salivation before I saw Dr. Fahnestock's recommendation of the sumach in 1829; even while a student in the summer of 1826-27, when intermittent and bilious fevers were in nearly every home along the rivers Delaware and Schuylkill, and calomel was the common purgative and used in all affections, mercurial salivation was of course frequently met with, and at that time, a dose of one drachm of calomel prescribed for me after five calomel and jalap pills had failed to do their work, salivated me severely, and showed me that the remedies for the relief of salivation were not very efficient. Before going further allow me to say here, in defence of the physicians of that time, that this free use of mercury was not an unmitigated evil. It was indeed life and health to many people; for as soon as ptyalism was effected, attacks of fever of the most violent kind were at once shorn of their virulence, and convalescence commenced. So it was in my own case; so it proved to be in many cases of pneumonia, pleurisy, and some other inflammatory affections. It is well known to aged practitioners now living that, in dropsies and some other diseases where mercurials are of themselves not able to cure, the effect of ptyalism is to render the action of other remedies more efficient. Excuse the digression. During my first year of practice a woman sent to a drug store and got ten grains of calomel, and though it purged her well, without unusual delay, she was fearfully salivated. For weeks she was compelled to lie in bed

on her side, so that the copious secretion of saliva could run from her mouth into a basin instead of going down her throat. The various means then in vogue to check the flow and heal the ulcers were persistently and almost unavailingly tried, and she continued to suffer on for weeks. This caused me to be very timid about the use of calomel; but after the sumach proved to be so efficient in the hands of Dr. F., the fear of ptyalism greatly subsided.

In December, 1836, I was called to attend a sea captain who had been badly ptyalized in Cuba when under treatment for "liver complaint." When I saw him at the house of his friend here, he requested me not to use any form of mercury when treating him, because he had suffered so greatly on the former occasion, and so long that he was compelled to go to England for change of climate in order to get well. I spoke to him of the curative power of the sumach, but he would not yield; so I did the best I knew for a few days without the mercury, and without any benefit to him, and then cautiously gave him some; fearing that I might have trouble with him, knowing full well that when a person has once been ptyalized by mercury, a very little will produce it again. On going into his room a few days later, I at once discovered the mercurial odor, and at the same moment he began to upbraid me in choice seafaring terms for what I had done. He was at once given the sumach infusion, or decoction rather, with which he washed his mouth thoroughly and often, and was soon well and delighted with the remedy. He also took at the same time the infusion of Peruvian bark, as directed by Parrish and used by Dr. Young.

So year after year, as cases occurred, I treated them—the mild and the severe, the baby's sore mouth, and all the grades up to the gangrenous sore mouth—with the sumach as the local application, in many of them using nothing internally beyond the mouth, except in one case.

On one occasion in a violent, rapid cancerum oris, which had so far advanced when I was called that it seemed as though the disease would soon pass through the cheek, I feared to delay, feared the sumach would of itself be too slow, so swabbed out the gangrenous ulcer with nitric acid, and followed that with the sumach mucilage, with the most saving result.

It would be quite useless to call up the numerous cases which have presented themselves in a half century's daily practice, in all of which I used the sumach mucilage



with comfort to the patient and satisfaction to myself, but I may mention a single case which occurred. In August, 1881, was called to see a granddaughter of John Downs, a healthy Scotchman, living at Spring Mill, who was suffering greatly with ulcers on the cheeks, roof of the mouth, and on the gums and side of the tongue, with a copious secretion and most offensive breath issuing from the mouth. The little thing was complaining heavily, and what they had put into her mouth for relief had so hurt her that she had a fear of everything offered to her. As the sumach was abundant, not fifty yards from the house, among the hornblende boulders on the hill, it was soon dug and prepared for use. It was so mild as to be, instead of painful, most comfortable, and was used without other remedies save a mild cathartic or two. I began on the 12th; in recording my last visit on the 20th I find this record: "The sumach was a success." She was not only well, but from the hour she began it she was comfortable, a matter of some moment to a child only a few years old.

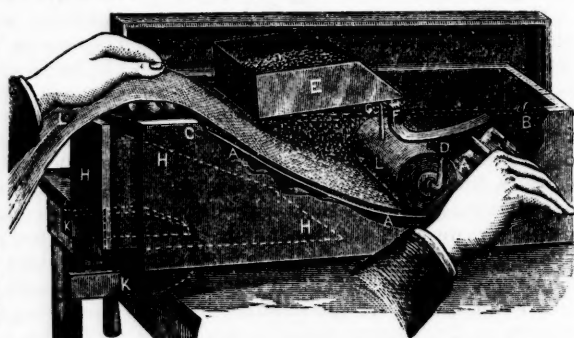
What else shall I say? That I had a dread of sulph. of copper and the bichloride of mercury. It is difficult to use them with children and have the parents to use them in our absence without danger of their swallowing the secretion, carrying with it some of the poison, especially when used as the corrosive sublimate was—eight grains to the ounce of water. With the sumach I felt safe. The root of the sumach has a thin outer mahogany-colored bark, thin as blotting-paper, which, when the root is freshly dug, is readily scraped off with the back of a table-knife, but if left until it dries can hardly be removed without cutting it off; under that is a thick, succulent, white bark, easily shaved from the wood. This, when dried, keeps well; this put into a clean white bowl and covered with boiling water, and even boiled, soon becomes a mucilage without taste or smell, and is ready for use. I generally procure it in the fall, and have it carefully dried.

Here I ought to stop, though feeling how pleasant it would be to me to tell your readers how valuable many of our indigenous plants were to us who practiced long, long ago. This theme may serve me in times yet to come. Vain hope! they will never come to me.

## A NEW APPARATUS FOR PREPARING DRY GYPSUM BANDAGES.\*

BY H. AUGUSTUS WILSON, M. D.,  
Of Philadelphia.

Rolling the dry plaster-of-Paris bandages by hand, the method usually in use, is unsatisfactory, and under the most favorable circumstances a dirty process. It was to avoid the inconveniences and irregularities of that method that I devised this apparatus, which I have had made by A. G. Gefvert, the orthopædic apparatus manufacturer.



It consists of an ordinary box-bandage roller, with the addition of the following: A movable bottom, A, A, A, held in contact with the outermost layer of the bandage, as it is rolled, by a rubber band B, and at the other end by a hinge-joint C. Upon this movable bottom, and just in front of the crank, is a flood-gate or distributor, not shown in the illustration, which equalizes the distribution of the plaster and presses it into the bandage from above, while the movable bottom prevents the gypsum from passing through the meshes. The proper tension is applied by two rubber bands.

A hopper, E, is provided with an arm, F, bent in such a manner as to be raised by the crank at each half turn, and upon being released it falls, throwing down a quantity of the powder upon the bandage in front of the distributor. A compartment, H, H, H, occupying the otherwise waste space under the movable bottom, is utilized as a receptacle in which may be kept the gypsum when the apparatus is not in use.

A scoop accompanies the apparatus with which to take gypsum from the compartment and fill the hopper. The entire affair can be securely held to a table by clamp, K. Elastic bands are used for springs, because they are inexpensive and can be very readily replaced when worn out.

\* Read before the Philadelphia County Medical Society.



The method of using is, first to pass the end of the bandage to be rolled over the movable bottom, under the distributor, and attach to the crank. The hopper is now to be placed in position and, by means of the scoop, filled with a sufficient quantity of gypsum. While the crank is turned with the right hand the left guides the bandage, which may be watched, over the hopper, as it is being rolled.

The bent arm of the hopper is so arranged that the fall of the hopper may be sudden or gradual, and upon this depends the quantity of powder discharged. When the crank is turned very slowly the hopper is raised slowly and descends with the motion of the crank, and scarcely any gypsum is precipitated, and, of course, the converse follows. This being clearly understood, a very slight experience will enable any one to control the action of the hopper with the crank.

When a bandage is finished, the crank is withdrawn sufficiently to disengage it from the bent arm of the hopper, and while the left hand holds the bandage a quick reverse turn of the crank enables it to be easily withdrawn. The gypsum remaining on the movable bottom is now discharged into the compartment by placing the hopper to one side, detaching the spring, B, and raising that end.

The apparatus is applicable to the rolling of the ordinary surgical bandage by detaching the rubber spring, B, thus allowing the movable bottom to drop out of the way. It prepares the dry gypsum bandages evenly and quickly. It is very simple in its construction and action. It cannot get out of order, except by breaking of the rubber bands. It is inexpensive.

Possessing these advantages, I hope it will be of service and facilitate the preparation of the dry gypsum bandages in the hands of other physicians, as it undoubtedly has in mine.

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## MEDICAL SOCIETIES.

### CHICAGO MEDICAL SOCIETY.

Stated meeting, January 17, 1887. The President, Edmund J. Doering, M. D., in the chair.

#### OFFICIAL REPORT.

Dr. Lyman Ware read a paper entitled

#### A Clinical Study of Glaucoma.

The author briefly referred to the history, pathology, and etiology of glaucoma, and

expressed his belief in the curative power of Von Graefe's operation of iridectomy. Unmistakable symptoms of glaucoma are supraciliary and ciliary neuralgia, increased ocular tension, periodic diminution of vision, the appearance of a halo around artificial lights, a sluggish and widely dilated pupil, and a shallow anterior chamber. Although increased tension may be associated with other diseases of the eye, its presence should always lead to a critical examination. Several cases were detailed: Mrs. M., aged fifty, while riding in an open street-car, contracted a severe cold, which was followed by neuralgia over both eyes. The pain was so intense that at times she was delirious. Her weight was reduced from 110 to 80 pounds. She became entirely blind. On account of the eye being small and deeply set and the anterior chamber very shallow, sclerotomy was advised and performed. This gave immediate relief, but the pain returned again in a few days. When Dr. Ware saw the case the anterior chamber was almost obliterated, the glaucomatous lens pressed the iris forward until it came in contact with the cornea. With a Von Graefe cataract knife a free sclero-corneal incision was made and a portion of the iris excised, and the lens removed from both eyes. The pain greatly subsided, but the sight was irrecoverably lost. Another case was a man, aged fifty-two years, who complained of having had pain in and over the the left eye for five or six months, and had seen the halo about street lights. On examination, tension was found increased, vision diminished one-half. Some months later iridectomy was performed, and a solution of eserine (4 grs. to the oz.) instilled every four hours into the other eye. Pain was at once relieved, and all symptoms of glaucoma rapidly disappeared. Mrs. M., aged forty-five, had frequent attacks of neuralgia and noticed defective vision in the left eye six months before coming under observation. Tension was found much increased; she had seen halo about artificial lights for eight or ten months. Distant objects could be clearly perceived by right eye. Iridectomy was performed on the left eye with a view of abating the pain and preserving the vision of the right eye. The relief from pain was great, vision of right eye fully restored, and left eye much improved.

Dr. E. E. Holmes reported

#### A Case of Foreign Body in the Anterior Chamber.

This case was of special interest to me on account of the difficult diagnosis and the

difficulty attending the removal of the foreign body. The doubt regarding the diagnosis arose from the fact that there was a small central perforation of the cornea. Below this, and not connected with it, was a fine greyish line extending downward and inward (right eye), apparently in the substance of the cornea, fairly into the angle of the iris and cornea. This resembled the channels left after the removal of fine slivers of grain stalk, which are sometimes thrown into the cornea obliquely from threshing-machines. The patient explained the accident as follows: He was setting a machine punch so the punch would accurately fit the die. The power was applied, when the punch did not accurately correspond to the die. At the same instant something entered the patient's eye. He came to my house twenty-four hours after the accident, with the eye slightly red, but not painful. I prescribed atropine and sent him to the hospital. The next morning the pupil was round and fully dilated. The media were all clear. I felt great anxiety in regard to the case, but inasmuch as during five days there were no symptoms of inflammation along the supposed track in the cornea, I finally became convinced that there was a fine splinter in the anterior chamber, in close contact with the cornea.

I made quite a long incision through the lower border of the cornea, the knife touching and moving the piece of steel. I endeavored by means of a fine forceps to seize the lower part of the steel and disengage the point from the tissues at the angle of the iris and cornea by carrying the steel farther towards the pupil. This was found to be impracticable, since the lower end of the piece was firmly held by the tissues. I used all the violence I considered warrantable. As the anterior chamber was without aqueous humor, there was some difficulty in further procedure without violence to the lens or iris. I consequently extended the wound in the cornea upward, so the upper end would correspond with the upper end of the steel. This end was easily seized, and with considerable force withdrawn. The splinter was three-sixteenths of an inch in length. Eserine at first, then atropine with antiseptic dressings were applied with great care. There was no reaction, the patient recovering perfect sight, except as far as there was dimness from the central cicatrix in the cornea. Vision was good five weeks after the patient had returned home. I must confess the almost V-shaped incision in the lower border of the cornea did not please me.

Dr. Holmes also reported

#### A Case of Intra-ocular Tumor.

This tumor, filling the sclerotic, is a sarcoma of the choroid. The patient, a man 62 years of age, had been under the observation of several specialists during the past year, but could not give me a definite expression of their opinion. When he came to me, a few days ago, the cornea was perforated and presented a staphylomatous projection of the growth. For a year there has been pain and, for the last six months very great pain. The tissues of the orbit around the globe were greatly swollen, but not indurated. In enucleating the eye I expected to find the sclerotic destroyed posteriorly and the orbital tissues invaded. The enucleation, however, was performed as easily as in ordinary cases. The optic nerve is seen to be enlarged several millimetres beyond the sclerotic. The swelling in the orbit was caused by nodules of fat filled with numerous blood-vessels. Dr. Ochsner pronounces the tumor to be a small round-celled sarcoma, with very little pigment. The nodules of fat are free from sarcoma cells. This class of tumors, if removed early, are not very liable to return in the orbit. They may, however, re-appear, especially in the liver or other internal organs. They must, consequently, be regarded as quite malignant.

Dr. Boerne Bettman read a paper on the

#### Connection between Ocular and Nasal Diseases.

The author thought that numerous pathological conditions of the eyes and lids are attributable to normal changes in the nose, and that in these cases treatment of the ocular organs alone will fail to alleviate the trouble. After referring to Hack's monograph on the subject, Dr. Bettman detailed several cases in substantiation of his theory: A boy of 10 applied for treatment of epiphora of both eyes. The eyes were constantly weeping. An examination of the nose revealed an extensive swelling of the anterior portion of both turbinated bones. When these parts were touched with the probe profuse lachrymation was induced, and a light thrown into the eye by means of the ophthalmoscope produced violent sneezing. A deep incision was made in the swelling with a knife electrode, and a flat burner was also employed. The slough was completely thrown off in fourteen days and the boy cured in one month, the eyes receiving no treatment. Polypi of the nose have been found to produce secondary affections of the eye. Hermann S. was prevented from fol-

lowing his trade of a cabinet-maker on account of the excessive flow of tears; he also complained of pain in the eyes. Polypi were removed from the middle turbinated bone with the Jarvis snare and a cure effected. E. B., aged 16, was extremely sensitive to light, and the eyes were both bathed in tears. Each time the eyes were exposed to a glare of light she sneezed violently. There was Hack's swelling in both nostrils. Two pledgets of cotton were soaked in a 5 per cent. solution of cocaine, and allowed to remain five minutes at a time. There was an immediate effect, and in three-quarters of an hour she was able to bear the light. The patient refused cauterization, and employs cocaine to avert photophobia. The majority of cases coming under Dr. Bettman's observation have been treated by applications of the galvano-cautery to the nasal membrane. The applications restricted to the anterior end of the turbinated bone frequently fail to give relief. It has been found that a sensitive area exists at the posterior end of the inferior turbinated bone, and also at the anterior part of the nasal cavity, in the angle forming the boundary of the vestibule. In conclusion, the author thought oculists should always subject the nose to a thorough examination when seeking the source of ocular complaints.

**Dr. H. M. Starky read a paper entitled  
Some Modifications in the Treatment of  
Stricture of the Nasal Duct.**

The author said that about 1883 the Western Repository Company made a lachrymal bougie of medicated gelatine of such elasticity that it could easily be passed into the nasal duct. It was less painful than a metal probe, and its slow solubility kept the mucous membrane at the point of stricture distended so that it could be acted upon by the medicine from thirty to sixty minutes. He thought results showed the use of electrolysis in these cases to be often unsatisfactory. The object to be attained is to restore the diseased parts to as nearly a normal condition as possible, and the most satisfactory treatment is by using injections more and probing less frequently. The author determined to try the effect of probing the punctum without slitting the canaliculus, followed by astringent injections over the inflamed surface. This treatment proved entirely satisfactory, and in about five weeks a patient went to his home in another State with apparently perfect recovery, and no destruction of tissue.

The following case was given as illustrating the author's method of treatment: Mrs.

L. suffered from lachrymation of each eye for two years. There was severe lachrymal conjunctivitis of the right eye, the punctum being contracted one-half. On dilating the right punctum a No. 2 probe could be passed without difficulty, but the whole interior of the nasal duct had the peculiar velvety feeling that is caused by thick villous mucous membrane. The same condition, in less degree, was found on the left side. Treatment was commenced by applying a weak astringent and washing out the lachrymal canals thoroughly each day with boric acid lotion, followed by a weak astringent. Once a week a probe was passed through the dilated punctum down to the nares, using a larger probe each time until No. 7 was reached. The result was satisfactory, and in six weeks the patient returned home apparently well.

Dr. W. Franklin Coleman read a paper on

**Sympathetic Ophthalmia.**

Disease in the sympathetic eye generally occurs when there has been a wound or operation in the dangerous zone of the diseased eye. Becker, in 1875, collected twenty-two cases of sympathetic ophthalmia from cataract operations, foreign bodies lodging in the eye, and degeneration of a lost eye, or other causes. Dr. Coleman read in detail the clinical history of the disease, and enumerated the causes, histories, and results of the treatment of a large number of cases. In regard to treatment, he advised as per the following:

CONDITION DISEASED EYE.	CONDITION SYMPATHETIC EYE.	TREATMENT.
Blindness.	Normal.	Enucleation in unintelligent and children.
Blindness.	Sympathetic irritation.	Enucleate.
Blindness.	Sympathetic inflammation.	Enucleation not often advisable.
More or less vision.	Normal.	Do not enucleate generally.
More or less vision.	Sympathetic irritation.	Better enucleate.
More or less vision.	Sympathetic inflammation.	Do not enucleate.
Acute ophthalmitis.	Normal.	Never enucleate.
Acute ophthalmitis.	Sympathetic irritation.	Puncture and foment diseased eye, then enucleate.
Acute ophthalmitis.	Sympathetic ophthalmitis.	Treat ophthalmitis, then enucleate.

Dr. F. C. Hotz said: "I think the theory of the author in regard to the closing of Schlemm's canal and the approximation of

the iris to the cornea interfering with filtration cannot account for glaucoma. Pathological anatomy has so far failed to find the cause, and we have to rely on clinical studies to build up a theory which will account not for the late stage, the fully developed glaucoma, where the sight of the eye has been permanently destroyed by the disease, and which the pathologist gets from the oculist after enucleation, but for the first stage, the premonitory symptoms before it becomes an acute attack; a stage which the pathologist has not yet investigated with his microscope. At that stage who can say certainly what glaucoma is? It is probable that various causes lead to the same result. I believe that the agglutination of the iris to the cornea, the compression of Schlemm's canal or any other part of the eye, are consequences, and not primary causes of glaucoma. I was somewhat surprised that, in a paper addressed to general practitioners, the author attached so little importance to the clinical symptoms in glaucoma, of a general character, such as gastric and febrile disturbances in connection with hemieranic headache. These symptoms often cause the practitioner to fail to discover glaucoma. I can recall a number of such instances. Last October a lady came under my care who had been under the treatment of a physician for four or five weeks for malarial fever and dyspepsia, which was the beginning of an undoubtedly characteristic and typical attack of glaucoma. But the attending physician's attention was attracted by the coated tongue, the nausea, vomiting, severe headache, and excited pulse, and he treated the patient for these daily attacks of headache which he diagnosed as malaria, and used antiperiodic remedies, utterly disregarding the condition of the eye, although the sight was at first nearly extinguished, and only returned to a certain extent after the attack lost somewhat its severity. Another case: A poor woman lost one eye from glaucoma ten years before; the eye was blind and hard, showing the characteristic state of an eye in which glaucoma had run its course. She was attacked by a severe pain in the head extending over the left side, could not sleep for several weeks, was nauseated, vomited, and showed symptoms of some general disturbance. The physician treated her for the stomach trouble and headache, and although she told him time and again that her sight was getting poor, and suggested that an oculist had better examine her eye, he paid no attention to this, and the result was that two months after this attack the sight was entirely gone

and could not be restored. In still another case both eyes were neglected until the patient could perceive only a little flicker of light, before it was considered necessary by the attending physicians to pay any attention to the eyes. Dyspepsia, gastric fever, malaria, and sick headache were the diagnoses, and the treatment was in accordance. I think it is well to bring out these points, and to call the attention of every physician to the fact that such attacks sometimes mean something more serious than a disturbance of the stomach, and that when the patient during such attacks speaks of the eyes as being troublesome, or the sight as becoming dim, it is worth while to pay attention to it, and to remember that acute glaucoma is often ushered in with these general constitutional symptoms."

Dr. Lyman Ware said: "I have only a word to say about the disturbance of the equilibrium of secretion and excretion. It has been fully demonstrated that it is only by restoring the equilibrium that sight is saved. I quite agree with Dr. Hotz regarding febrile symptoms, but it is my experience that they are *secondary* rather than *primary*."

Dr. Henry Gradle said: "The cases which Dr. Bettman presented are of great interest from the fact that they have only lately been recognized. Dr. Gruening, of New York, was the first to point out that there existed affections apparently of the eye, but which in reality originated from the nose. I have watched for these cases ever since Gruening's paper first appeared, and would say that the cases in which the nasal trouble is *entirely* the cause of eye disease are not very frequent. But I have seen instances where affections of the eye were certainly complicated by nasal trouble, and the nasal trouble prolonged the eye disease. I recollect a number of cases of eye disease either kept up or originated by nasal trouble. The first of these is a pseudo-erysipelas of the lids, which is not an infectious disease, but merely a secondary affection of the blood-vessels, only resembling erysipelas clinically. It is entirely due to irritation and engorgement of the blood-vessels in the front part of the inferior turbinated bone. A second type of nasal affection giving rise to eye trouble is true periodical hay-fever and a non-periodical irritability of the nose resembling hay fever. I have published four cases, and have since seen another, of periodic conjunctivitis characterized by the formation of granules and follicles, which trouble always receded in winter, to re-appear again in the spring or



summer. In two of these cases a diagnosis of hay fever has since been made. I have seen a case which had been treated for trachoma by a number of specialists, where the history of the nose showed that the affection was of nasal origin. The same trouble may exist in a non-periodic form, and present all the symptoms of hay fever, the trouble not being limited to any season, but occurring in any part of the year, lasting a few days or weeks. But these cases are not common. In one of these cases I was able to effect a complete cure by cauterization of the nose. A third type of nasal affection giving rise to ocular symptoms is true catarrh of the upper and front part of the mucous membrane of the nose, where the membrane is distinctly reddened, and where there are generally slight and by no means prominent symptoms of catarrh. In these cases I have very frequently found troublesome epiphora without any stricture of the duct; in some cases the test was made by using delicate probes. Such cases, I can testify from my own experience, are entirely curable by simple treatment of the nose. I have found a not sharply defined case of asthenopia, due not entirely to the nose, but complicated with refractive trouble, where nasal treatment was necessary to complete a cure. Once or twice I have seen polypi play the same role, and a number of times I have found the starting-point of the irritation not in the front of the nose, but in the posterior part, in the form of the common adenoid vegetations.

This is a subject which has not been fully dealt with in literature, but I have several cases where the extirpation of the large post-nasal tonsil has given decided relief to the eye. Then I have found that in a few cases ulcers or chronic inflammation of the cornea were kept up by nasal trouble, which was probably started in the first place by a copious flow of tears from the eye. I have observed that local treatment by means of calomel, atropia, and the customary applications to the eye, proved inefficient, while the addition of nasal treatment hastened the cure of some of these tedious cases. The nose was probably normal to start with, but the continued flow of tears produced either small erosions or some little catarrhal troubles of the mucous membrane at the front of the nose, subsequently increased to chronic catarrh, leading to congestive obstruction of the tear passages, or exerting an unfavorable nervous influence upon the eye trouble. Finally, as a rare instance, I will mention one case which is now cured. The patient

was sent to me for polypi, which, however, proved to be the minor trouble in the nose, the real trouble being an immense vascular tumor occupying the entire floor of the right side of the nose, covering the inferior turbinated bone and reaching about to the middle turbinated bone. The patient had been reduced in strength, and the slightest exertion on his part produced hemorrhage, therefore the most careful operative procedure was necessary. I finally succeeded in removing the entire tumor by the galvano-cautery in twenty sittings. As the tumor began to shrink the hemorrhage was less, but he lost thirty or forty ounces of blood in six weeks. During the latter part of the treatment his right eye began to bulge, and he complained of double sight. It has remained healthy, but there was an unmistakable development of vascular tissue in the orbit and behind the eye, which receded by the time the tumor had been extirpated from the nose."

Dr. Boerne Bettman said: "I was very glad to hear Dr. Gradle corroborate my statements. I am well aware that these cases are comparatively rare; although I have recorded in my case-book about twenty seen during the last two years. I am acquainted with the article published by Gruening. My attention was first called to the subject by the work of Hack, and since reading that I have made it a point never to allow an eye patient to leave my office until his nose has received a very thorough examination. I have seen a number of cases such as mentioned by Dr. Gradle, but I thought it better to describe to-night only the typical ones. The connection between ocular and nasal troubles is a point all oculists should bear in mind, and when they find no local cause for epiphora they should examine the nose."

Dr. A. P. Gilmore said: "I would like to add one word in regard to glaucoma, and that is, the importance of tension does not seem to me to have been sufficiently dwelt upon. Any careful general practitioner can ascertain whether the tension is increased or not, simply by comparison with the tension of his own eye. All pain referred to the eyeball, with or without the accompanying neurotic symptoms mentioned in the paper, does not mean glaucoma. Unless there is increased tension you cannot diagnose glaucoma. The author does not mention Badal's operation in the treatment of glaucoma. It is certainly entitled to a place among the operative measures. I will only speak of one point in Dr. Starkey's paper,

viz., epiphora. I do not believe, with many, that epiphora is due primarily to a stricture which prevents the escape through the nose of the natural amount of fluid secreted, but is due rather to reflex irritation causing an hyper-secretion of tears. In health the eye is moistened with a moderate secretion. When the lachrymal gland is removed the eye continues to be moist and the cornea retains its lustre. Tears are not essential to the lubrication of the eyeball; their function is to protect the eye against foreign bodies. A bit of dust under the lids will cause profuse lachrymation and the tears will flow over the face, not because of an obstruction to the natural amount of fluid secreted through the natural passage, but because of a hyper-secretion due to reflex irritation. For treatment I never use a probe larger than Bowman's No. 6, usually No. 4. I seldom find it necessary to make Bowman's operation in epiphora. I think its use is unnecessarily frequent. I use astringent and antiseptic solutions with a syringe small enough to be easily introduced into the puncture when slightly dilated. I am very careful to treat any nasal complications; it is impossible to treat diseases of the eye successfully without recognizing and treating reflex irritations of the nose."

Dr. Starkey said: "My paper was necessarily cut down very much. As first written I had given some space and attention to cases similar to those mentioned by Dr. Bettman. I had also spoken of the probability that in many cases of epiphora, where there had been inflammation of the tissues lining the lachrymal canals with partial closure, a continual irritation of the canal in some way, perhaps reflexly, so stimulates the lachrymal gland that the tears are poured forth more abundantly. There are well-known cases where the lachrymal canals have been completely closed by injury or operation, and yet lachrymation is not annoying, although the gland has not been extirpated; tending to show, as mentioned by Dr. Gilmore, that the normal secretion of tears is ordinarily very limited. It seems to me that in many instances lachrymation is due to irritation propagated reflexly, and therefore in treating such cases I thought of trying to restore the mucous membrane of the lachrymal canals to the normal condition, as well as to look for and treat points of irritation elsewhere."

Dr. J. E. Colburn said: "In cases of injury where there is danger of sympathetic irritation, a foreign body being lodged in the anterior chamber, iris, ciliary body, or the

choroid, where the chances are that in order to give all the advantages of treatment the patient must necessarily be idle for a considerable length of time, and where the sight in the injured eye has been irretrievably lost, I think it advisable to make the operation of evisceration or abscission as early as possible.

The patient, if a laboring man, is then relieved from a long enforced idleness and anxiety, and the danger that lack of care frequently causes in this class of cases. Where the appearance is first to be considered, and the patient can be constantly under observation, the operation can be postponed, but with the strict injunction the patient is to be under constant surveillance. In a large majority of cases where there is great damage done and the foreign body is out of sight, it is safe and advisable to make the operation, trusting to that to save the other eye. In a case that came under my observation recently a piece of steel entered the anterior chamber near the centre of the cornea, passed through the iris and lodged in the sclera. No operation was performed, and the fellow eye became sympathetically affected, and on account of its sympathetic disturbance had to be removed. The steel produced some local irritation, and the eye was caught and rolled strongly toward the nasal canthus, and the piece of steel was found projecting into the orbit from the sclera and was removed. The track of the steel through the sclera was surrounded by a large mass of fatty degeneration, which was also removed. Vision remained about one-half."

Dr. W. Franklin Coleman said: "I agree with Dr. Colburn as to the desirability of timely enucleation in the case of a laboring man, to save his time, but should ophthalmitis set in I should not, under any circumstances, enucleate the eye. I believe it is rare for German operators to risk removing an eye in a case of ophthalmitis, but in England they scarcely hesitate to remove an eye under any circumstances. I have never regretted recommending a patient to have an eye enucleated, but I have sometimes regretted that I did not urge the patient to have the eye out in order to avoid the fearful risk of sympathetic inflammation. I am astounded at the position of so eminent an authority as Noyes, who says, 'I hesitate to enucleate the eye on account of appearances, and do not do so unless symptoms of irritation or inflammation appear which I cannot relieve with medical treatment.' In nineteen out of twenty cases the lost eye is not worth saving, but is a blemish, and an arti-

ficial eye would be more ornamental. And if a man wishes to get work he will deceive the very elect as to which is the real and which the artificial eye. I cannot see any advantage in not advising enucleation where the eye has been injured to such an extent as to menace the fellow eye."

Dr. Gilmore asked Dr. Holmes why he did not try a magnet?

Dr. Holmes replied that he had been in so much doubt what to do that he thought best to first try incision and forceps. He did not believe the best magnet could have liberated the end of the steel, buried in the tissues of Fontana's space. It is remarkable that so long a piece of metal could have been thrown through the cornea, making so minute an opening, and lodged in the anterior chamber, as described, without injury to the iris or lens.

Dr. Coleman said: "To my mind the magnet in the eye is a delusion and a snare. For instance, if you introduce a magnet within the eye, not knowing where the foreign body is before placing the point of your magnet, you have to search the whole cavity of the eyeball and reduce it to a jelly before you can extract the body. Granted no great harm is done if you do not extract it with the magnet, for you can afterwards enucleate the eye. But so far as I have tried it, and have seen others experiment with the magnet, it does not give satisfaction."

Dr. Holmes replied: "That is very true in many cases where the steel cannot be seen with the ophthalmoscope; but I think where a view of the foreign body can be obtained early, the magnet may be employed with brilliant results. There are now so many cases reported with excellent results after extraction with the magnet, that I cannot think it a delusion and a snare by any means."

Dr. Colburn said: "I recently saw an interesting case in which the foreign body was lodged about half way between the ciliary body and the entrance to the optic nerve. The operator cut through the sclera about where he thought it was lodged, passed the magnet in and brought out the foreign body apparently without wounding the retina at the point of attachment. The patient made a good recovery."

#### NEW YORK ACADEMY OF MEDICINE.

Regular meeting, February 3, 1887.

A. Jacobi, M. D., President, in the chair.

The President read an address in which

he acknowledged the obligations imposed upon him in accepting the honor of the presidency. He pointed out the good work being done, and referred to the steps necessary in order to make the Academy even more successful and useful than it had hitherto been.

Action was taken preparatory to purchasing a site for the proposed new building.

#### On Detecting and Locating Metallic Masses in the Human Body by the Induction- Balance and the Telephonic Probe.

Dr. John H. Girdner described these two instruments, the induction balance and the telephonic probe, which had been invented by Professor Bell for the purpose of detecting and locating metallic masses in the human body, such as bullets. An apparatus was prepared by Prof. Bell for the purpose of detecting the bullet in President Garfield's case, but it failed, owing to haste of construction and the fact that the patient, as was learned afterward, was lying on a steel mattress. The instrument had been so far perfected, that at present one was able with it to locate a bullet distant six inches from the surface. In the circuit of the induced current is a telephone receiver, which conveys a musical sound whenever the coil of wire called the explorer is passed over the body in the locality of the metal. The sound grows louder and louder until the explorer rests directly over the metal. Having detected the piece of metal in this manner, the telephonic probe comes into use in placing its exact locality. In a circuit is a telephonic receiver; one pole is connected with a metallic plate laid upon the body, and the other, terminating in a long slender probe, is passed through the anesthetized skin down upon the bullet, which, when touched, causes a clicking sound in the receiver. The practical working of the apparatus was demonstrated upon a wounded soldier, and also upon a piece of beef into which a piece of lead had been placed.

#### The Use of Traction in the Treatment of Club-foot, with a Consideration of Some of the Mechanical Principles In- volved, and a Description of an Antero-posterior and Lat- eral Traction Appa- ratus.

Dr. Newton M. Shaffer read a paper with this title, exhibiting numerous diagrams and apparatus, and explaining the principles involved in the motion of the foot upon the ankle, and the violation of these principles in the use of apparatus usually employed. His own apparatus was intended to re-estab-

lish the natural form of the foot by making traction in the directions observed in the motion of the healthy foot, namely, by drawing the heel downward and forward and the toes upward and forward when talipes equinus existed, and in varo-equinus employ-

ing at the same time lateral traction. The shoe should be made to fit properly, and in that case it was simple and effective in use, and usually did away with the necessity for tenotomy.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### A Case of Free Drainage of a Phthisical Cavity.

The following remarkable case is reported by Mr. Arthur Neve, F. R. C. S., in the *Lancet*, and is highly suggestive:

A young man, haggard and wasted to a degree, was admitted into the C. M. S. Mission Hospital on April 10, 1886. For a year he had been suffering from violent cough and profuse expectoration. His appearance was that of a man in the last stage of phthisis. His fingers were much clubbed. The expectoration amounted to a pint and a half or two pints in the twenty-four hours. It was tough, and in large flocculent, purulent masses. Microscopic examination showed a very considerable proportion of pus-cells, with elastic fibres, etc., and swarming with bacilli. Examination of the chest revealed the presence of cavities in the upper and anterior part of the right lung, while the right base and most part of the left lung was fairly healthy. The left apex appeared condensed, with possibly commencing softening. For nearly three weeks the patient was treated with cod-liver oil, tonics, eucalyptus, and creasote spray, and counter-irritation. During this time there was no improvement, and the patient (a troublesome one) was clamorous for something to be done. Accordingly on April 29th, having administered chloroform, I made an incision two inches long close to the right nipple, through which a corresponding portion of the fourth rib was resected, with the periosteum attached. The pleural surface was, as I expected, firmly adherent. I then forced my finger inwards and upwards in the direction of the cavities. There was no such large cavity close to the wound as I had hoped to find; but upwards it entered two small cavities. The tissues were hard, but friable. I did not attempt to open the cavities on the axillary side, deeming that they would drain by the bronchi into the wound. A large-sized

drainage-tube, six inches long, was passed into the lung, and the wound closed by a pad of gauze and a saw-dust bag. Hemorrhage was quite inconsiderable, and the air whistling through the wound gave promise of good drainage. Within two days the expectoration by the mouth was diminished to three or four ounces, and was no longer accompanied by the distressing cough which the man had complained of. There was, however, much pain about the wound. It was daily washed out with corrosive sublimate solution, and pure oil of eucalyptus was poured into the tube. At first this gave rise to cough, but toleration was established. Inhalations of creasote and eucalyptus were continuously maintained by keeping the pad on the wound moist with them. The discharge from the tube was chiefly muco-purulent; at first bloody, later thick and tenacious, but progressively less so. About the fourth week the patient began again to complain of the drainage-tube (which he had himself removed several times during the first two days); a little blood also appeared on the dressings; so, fearing ulceration into the vessels of the lung, I removed it altogether. In the early part of June the sputum continued healthier, and he went home. On the 24th he returned. The improvement was then striking, especially in the local signs. The chest round and above the wound was considerably contracted, and sucked in. The sinus was freely open, and upon coughing some mucus was expelled from it. The healthy area of the lung seemed increased. The apex of the left lung, however, showed more signs of breaking down. He remained under observation in hospital for two days, and was photographed. The expectoration was about ten ounces in twenty-four hours, but was chiefly clear and watery, with a few nummular masses similar to those of which it formerly entirely consisted. His cough troubled him only in the morning; he slept and ate well, almost ravenously, and gained strength, though but little flesh. He was then sent to a mountain sanatorium 8500



feet above the sea. Up to this point the improvement effected was entirely by means of the operation. Since that time I have not seen the patient, but occasionally receive reports from his friends. After September he became weaker. He is said to wander over the country, is seldom at home, and does not work. There still remained a small opening in the chest.

#### Salol as an Antiseptic.

M. Quinquaud recently presented the following communication from M. Pinet to the Société de Biologie. The salicylate of phenol, or salol, was discovered by M. V. Nercki. It appears as a white powder, insoluble in water, but soluble in alcohol. It has an aromatic odor, and, according to the author, has no taste. Experiments have been made with salol by M. Nercki, who attributes to it the same antiseptic properties as those of salicylic acid, whether it be employed in the form of powder or in an oily solution. Ten cubic centimètres of septic fluid produced by the putrefactive fermentation of the muscles of a frog steeped in water, were put into a test-tube, and set aside for comparison. This liquid, which was very turbid, exhaled the special odor of putrefaction, and contained a considerable quantity of all the bacteria ordinarily met with in putrefactive fermentation. Ten cubic centimètres of the same fluid were put into tubes containing respectively five, ten, fifteen, and twenty centigrammes of salol in powder. A second series of tubes was prepared, each containing a like amount of the same septic liquid, but with corresponding weights of salicylic acid in powder instead of salol. The tubes were allowed to stand for a few hours, when it was found that the liquid in tube No. 2, which contained fifty centigrammes of salicylic acid to one hundred grammes of the mixture, although still a little turbid, was notably clearer than the liquid in the first tube, which was set aside for comparison. The microscope revealed but very few bacteria, with little movement. The others were inert at the bottom of the preparation, the micrococci having lost their Brownian movement and their refraction. The putrid odor had almost entirely disappeared. The liquid in tubes Nos. 2, 3, 4, and 5 presented the same characteristics. At the end of twenty-four hours the liquid in tube No. 2, which contained salicylic acid in the proportion of one-half per cent., was found to be absolutely clear, and entirely free from putrid smell. The same was found to be the case as regards

Nos. 3, 4, and 5. The liquid in the tubes containing the salol was found at the end of six days to be quite as turbid as the primitive liquid. The odor of putrefaction, although somewhat masked by the odor of the salol, was nevertheless distinct. On the third day, there appeared on the surface of the liquid a grey pellicle, which, when examined with the microscope, was found to contain a large quantity of micrococci, and an infinity of bacteria and monads. Following up these experiments, it was found that salol in powder, in doses of 10 per cent., in no way hindered the development of putrid fermentation. From this it will be seen that salol and salicylic acid are far from being equally antiseptic, since five centigrammes of salicylic acid in ten cubic centimètres of putrid liquid arrested fermentation, while one gramme of salol in ten cubic centimètres of the same putrid liquid, had no such effect. The oily solution of salol employed under the same conditions produced like results. Finally, if in those tubes in which the salol had remained without effect, and in which the liquid was turbid and had a putrid odor, five centigrammes of salicylic acid were placed, the liquid was found, after twenty-four hours, to be clear, and to have lost all smell. As regards the anti-microbic action of salicylic acid, the following observation is mentioned: In a case of dental caries causing excessive pain, the author, by the advice of Professor Vulpian, applied to the affected part a paste, formed of salicylic acid and water. A first application of this paste brought about a notable diminution of pain; a second, two hours later, caused entire cessation of the pain within a few minutes. This observation is interesting, as it appears to indicate that the pain was in some way connected with the presence of microbes in the dental cavity.

#### Acute Disease in Opium Habitues.

In treating acute disease in persons accustomed to the consumption of opium, it is highly important to continue the customary narcotic. This is illustrated by a case quoted by Dr. Richardière, of Paris. The patient, a physician in one of the suburbs of Paris, had contracted the habit whilst suffering from a painful affection of the stomach, and it had now become inveterate. In consequence of fatigue and exposure in attending his patients during several nights in succession, he caught a slight cold, with sore throat. A few days later, after further exposure, he had fever and headache, together

with pain in the right side. During the day he grew worse, and had several fits of coughing. The following night he had rigors, and complained of oppression. Tubular breathing was heard in the lower half of the chest on the right side, and there was marked dullness on percussion in the same region. The fever was intense; the respiration was labored, superficial, and very frequent. The expectoration was yellow, and much thinner than in typical pneumonia. The weakness and irregularity of the heart's action, and the excessive rapidity of the pulse, made the prognosis very grave. The oppression became intense; the respirations numbered from 60 to 70 in the minute. The patient had frequent attacks of suffocation of a degree of severity exceeding anything M. Richardière had ever seen in pneumonia, and bearing a striking resemblance to those of asthma. In his efforts to breathe, the veins in the patient's neck became swollen, and his face violet in color. At last, after a series of fruitless attempts, he succeeded in expanding his chest, and respiration began again, but was extremely frequent and hesitating. There appeared to be only one explanation of these attacks. M. Richardière knew that the patient was in the habit of taking morphine, having already treated him for large abscesses in the legs which were caused by the injections, and he thought, therefore, that the sudden privation of the habitual stimulant might count for something in the production of these attacks of coughing, which were very different from those which occur in the broncho-pneumonia of adults. The patient was young, vigorous, and of sanguine temperament. The heart contracted badly, probably on account of the inability of the left ventricle to force the blood into the lungs, which had become in part impermeable. Bleeding seemed to be clearly indicated, and accordingly from 500 to 600 grammes of blood were withdrawn. An expectorant draught was given, together with an injection of morphine. The next day the symptoms were unchanged; but after another injection of morphine, the dyspnoea was somewhat diminished. Blood was again drawn to the amount of 400 or 500 grammes. During the evening the patient's state seemed to be worse; the respirations were 70 in the minute; the pulse was thready, and more rapid than on the previous evening. The face was of a violet color, and the extremities were cold. The patient seemed to be past hope, but as a last resource subcutaneous injections of ether were made every two hours, together with three fresh

injections of morphine. On the following morning there was a notable improvement, and in spite of subsequent recrudescence the patient finally recovered. Although the attacks of dyspnoea in this case presented only an asthmatic form, M. Richardière thinks they should be attributed to chronic morphine poisoning; and he believes that a fatal attack was only prevented by recourse to the stimulant for which the system was craving.

#### Aspergillus Nigricans.

Before the Academy of Medicine in Ireland, Mr. Story exhibited and described microscopic specimens of *aspergillus nigricans*, which he had removed from the auditory meatus of three individuals suffering from deafness and inflammation of the external ear. He also showed a fourth fungus of an undetermined character, but most probably also one of the *aspergillus* tribe. Mr. Story stated his conviction that the fungi were the cause and not the consequence of the ear disease—a view which had been advocated by some writers on the subject.

The President said he had seen a few cases of aural fungi. In one of these there was intense pain in the left ear, and the meatus was partly blocked up with a white cottony material. A brother of the patient was at the same time being attended by Mr. Swanzy for otomycosis, contracted by lying on hay or damp vegetable matter in the summer time, and he (the President) asked Mr. Swanzy to see his case. It was impossible to resist the evidence that the fungus was the direct cause of the disease. The invasion by it of the deeper tissues had been conclusively proved. He would ask Mr. Story whether in any of his cases he had noticed any special cause which led to the production of the fungus, such as dealing with yeast or any contact with decomposing vegetable matter. The *aspergillus*, he believed, was not confined to the ear, but was also occasionally found in the bronchial membranes.

Dr. Mapother mentioned that in the year 1880 he himself had an acute attack of otomycosis. He had never suffered, either before or since, from any aural disease. One night he went to bed in a house in the suburbs of Dublin with his hearing perfect; and the following morning he arose almost completely deaf. He bore the affection for one day, and on the next consulted Mr. Swanzy, who, partly with forceps and partly with the syringe, removed a quantity of

white cottony material from his ears. The only sensations he had besides the deafness were stuffing and a sort of ramming, as if something like cotton-wool was being pushed into both ears. The material removed from his ear was examined by himself and his friend, the late Dr. Richardson, and they both came to the conclusion that it contained *aspergillus*. Which of the seven or eight different forms it was he could not say; but, as well as he remembered, it was like the first form described by Mr. Story. The shape of the growth resembled the *aspergillus*, or holy-water sprinkler, used in the Roman Catholic Church. After the extraction of the fungi from his ears, and a week's washing with sulphuric acid, they disappeared and never grew again. He had observed that the wall-paper of the room, next to which he had slept, was almost completely separated from the wall by damp; and believed that it was that which produced the fungi. Since the wall had become dry, no similar attack of mycosis had occurred to any one else occupying the room.

Mr. Story, in reply, said he remembered being consulted by a farmer who, after sitting up all night with a sick cow, had stuffing and pain in his ears next morning, which were found to be caused by *aspergillus*.

#### A Case Illustrating the Need of Caution in the Use of Salicylic Acid.

Dr. W. T. Freeman thus writes in the *Lancet*:

A short time ago I was attending an old lady of fifty-nine years of age. My attendance to the time of her death extended over a period of three weeks, but she had been attended for a few weeks previously elsewhere by another medical man. Her symptoms ran as follows: A great feeling of malaise, of depression of spirits, with always more or less of a slight headache; tongue coated with brownish fur, especially at the back; sallow skin; stools clay-colored; bowels opened freely every day; pulse during the whole of the three weeks full, and beating at the rate of from 105 to 110 per minute; never any rise of temperature; specific gravity of urine about 1020, acid, with distinct trace of phosphates, but no albumen or sugar. She was restless at times at night, even to the extent of getting out of bed aimlessly. I diagnosed the case as an obscure one, but expressed my opinion that she was suffering from congestion of the liver, and probably also from some congestion of the brain. The patient was generally of a feeble habit. On the

twentieth day of my attendance, although she showed no alarming symptoms whatever, and she became but slowly better, I suggested a consultation. She had improved, however, in these respects—the motions had become of an almost natural color, and the headache was better; the rest of the symptoms were unchanged. The treatment to that day had been attending to the bowels, regulating diet, and keeping the patient quiet, whilst medicinally she had been taking a simple effervescing mixture of tartaric acid and bicarbonate of potash, with ten grains of bromide of potash in each dose, three or four times in the twenty-four hours. After most carefully considering the case, the gentleman I had called in came to the conclusion that a rheumatic taint was at the bottom of the remaining mischief, and prescribed for her fifteen grains of salicylic acid, together with small doses of carbonate of soda, carbonate of ammonia, and tincture of *nux vomica* three times daily. In this treatment I coincided. She was quite in a natural mood on the afternoon that we saw her together, and we were agreed that there was no cause for alarm, and that there was reasonable hope of her being restored to her usual state of health in the course of a few weeks. I saw her no more till next morning; she had then taken three doses of the salicylic acid mixture. I found her comatose and rapidly sinking. The urine contained albumen. We had another consultation as soon as possible, but she died in the course of a few hours. Although probably the brain symptoms were more severe all along than I expected, and most likely the head mischief would have ended her days, yet I cannot help feeling that our last attempts to cure our patient only resulted in the abrupt snapping of the thin cord of life she had left to her.

#### The Pathology of Colles' Fracture.

At a recent discussion at the Pathological Society of London, Dr. D'Arcy Power read a paper on the Pathology of Colles' Fracture, and drew attention to the large proportion of fractures of the lower end of the radius in which the lower fragment was comminuted into the joint. He believed that, from a pathological standpoint, this variety of fracture is more common than the simple form ordinarily described; and he held that, without dissection of the injured part, it was often impossible to distinguish the simple from the comminuted fractures, since the deformity might be identical. He

related the case of a man, aged thirty-nine, who fractured his wrist, and sustained such other injuries that he died. During life, and even after death, when a more careful examination could be made, the wrist presented the symptoms of an ordinary Colles' fracture, and it was only upon dissection that the true nature of the injury was apparent. The lower end of the radius was seen to have undergone a very complete crushing, the wrist-joint being implicated in more than one place. Since the occurrence of this fracture, Mr. Power had examined several other cases which appeared to be of the ordinary type, but which, upon dissection, proved to be in reality comminuted. He exhibited the six specimens before the Society. He had also collected details of cases in which, after almost identical injuries, a fairly useful joint had resulted. He concluded his paper by observing that, although the pathological interest attaching to these cases was great, he believed that the clinical importance was but small, since it was difficult to distinguish between the two classes in the first place, and when that was done the final result appeared to be almost equally good. In examining the specimens preserved in the various pathological museums in London, Mr. Power had only found twenty-five cases of simple fracture, as against thirty-two in which the lower fragment of the radius being comminuted, the fracture had extended into the joint, thus bearing out the observation of Mr. Clement Lucas, that pathological specimens showed a very large proportion of comminuted fractures.

Sir James Paget asked if the history of the manner in which the patients fell was known.

Mr. Gilbert Barling had seen cases of simple, impacted, and comminuted fracture into the joint, but this anatomical knowledge would not be of therapeutical value.

In reply, Mr. Power agreed with the last speaker, and said that indirect violence was the cause of all the fractures, but the exact method of its application was very difficult to discover.

#### Reciprocal Influence of Diabetes on Syphilis.

In a recent article published in the *Journal des Connaissances Médicales*, the question of the reciprocal influence of diabetes upon syphilis, and of syphilis upon diabetes, was discussed. The question of the connection between diabetes and syphilis is of recent date. Different authors have only kept in

view the fact of syphilis being regarded as the cause of diabetes, and have paid but little attention to diabetes co-existing with syphilis. It is the latter point which gives great interest to the recent thesis of M. Arnaud. Two circumstances may arise where diabetes and syphilis are co-existent:

1. The patient may have been suffering from diabetes for a longer or shorter period when he contracts syphilis, and the latter complaint is modified in its evolution and progress from the fact of diabetes having preceded it.

2. Diabetes developing after syphilis seems to be the direct or indirect consequence of that disease.

The results of M. Arnaud's observations on this subject have led him to the following conclusions: When diabetes has pre-existed, it modifies the clinical aspect of syphilis, either because it induces cachexia, and thus renders the patient less able to resist the invasion of the disease, or because it exercises an injurious influence upon the anatomical elements by bringing them into direct contact with the sugar contained in the pathological secretions of the human economy. It cannot be denied that syphilis may give rise to diabetes, which may be more or less persistent, owing to the changes in the blood and tissues which it constantly produces. Syphilis may bring on another form of diabetes through tertiary products (gummata) becoming developed in the surrounding parts of the fourth ventricle, and compressing the centre of glycosuria described by Claude Bernard. When syphilis develops in a diabetic patient, infective chancre and secondary lesions have a tendency to ulcerate. As these deviate from their ordinary aspect, they may give rise to an error in diagnosis. Under these circumstances, the evolution of syphilis appears more rapid than in a normal case of the complaint. According to some writers, sugar disappears when specific symptoms show themselves. M. Arnaud's observations prove that sugar seems to leave the urine more rapidly in these cases than in ordinary diabetes. Syphilis will prove more serious in diabetic patients than in others. Anti-diabetic should be combined with anti-syphilitic treatment in such cases.

#### Antipyrin in Phthisis.

Antipyrin has been shown to have various uses, but if the success which has been reported by Dr. Zakrzhevski in a paper contributed to the *Russian Military Medical Journal* attends the practice of other medi-



cal men, this drug will hereafter be looked upon as almost a specific. While under ordinary methods of treatment the mortality of phthisical patients in the Helsingfors Hospital was 50 per cent. during the eight months in which the antipyrin treatment has been carried out, not a single case has proved fatal, many of the patients having, on the contrary, improved so decidedly as to be able to return to their homes. The author much prefers the hypodermic method of administering antipyrin, as the effect is produced in less than an hour, whereas when the drug is given by the mouth no effect is produced for from one to three hours. The action of antipyrin is to increase the force of the cardiac contractions, and so to raise the blood-pressure. In phthisical patients it slows the pulse, but never quite to the normal rate. It also slows and deepens the respirations, and the digestive functions are improved. No albuminuria or other sign of renal disturbance was observed. With regard to the dose Dr. Zakrzhevski finds that it should be regulated by the strength of the patients. In a man with phthisis, who was still fairly robust, a full dose of ninety grains was required in order to produce the best effect; whereas in greatly debilitated typhus patients ten or fifteen grains were quite sufficient, and in cases where there was decided exhaustion it was found that a dose of sixteen or seventeen grains was the largest that it was advisable to give.

#### On Primary Nerve Suture.

At a meeting of the Medico-Chirurgical Society of Leeds, England, Mr. Rowe described a case where the ulnar nerve and artery were both divided. After securing the artery, he joined the cut end of the nerve (the proximal being much retracted) with a carbolized catgut suture passed through the nerve. Two days after the operation the numbness was less. In five days and a half the sensation was the same, but there was some slight movement in the muscle. In thirty days sensation was slightly impaired, and motion was definite, but not perfect. Shortly afterwards the man pursued his occupation. Mr. Rowe referred to cases by Favel, Nélaton, and others; in some sensation partly returned at the end of the second day, recovery taking place at the end of a week. In a case of primary nerve suture reported by Laugier, recovery began the day of operation. In Page's cases it occurred in nine days; in Pye's cases, in eight days; but there were some errors of localiza-

tion in the former. Mr. Rowe compared the rapid restitution of function in primary suture with the later development noticed in cases of secondary suture, referring specially to a case where the sciatic nerve was sutured by Mr. Wheelhouse, perfect function being only restored after several months.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. Augustus V. Park has published two addresses read before the Chicago Medical Society, the one describing a case of antepartum hemorrhage at term, the other a case of pyelitis of nineteen years' duration, caused by a renal calculus. Both recovered.

### BOOK NOTICES.

**The Year Book of Treatment for 1886.** Cloth, 8vo., pp. 304. Philadelphia. Lea Bros. & Co., 1887.

This Year-Book is an English work compiled by a number of London physicians, giving with great brevity the therapeutic advances in their respective specialties during the year ending with September, 1886. It is carefully collated, and well indexed, both with regard to authors and subjects. As a handy means of "keeping posted" it is to be recommended; and the fullness of references with which it is provided will enable a reader to look up a subject further in which he becomes particularly interested.

#### Picrate of Ammonia in Malaria.

An East Indian surgeon, Dr. H. M. Clark, in a recent issue of the *Lancet*, extols this drug. His experience has led him to the conclusion that in all varieties of intermittent fever, and in malarial neuralgias, picrate of ammonia is a valuable antiperiodic, and it is an efficient and perfect substitute for quinia. It has the following advantages over quinine: 1. It is much less expensive. This is an important consideration where hundreds of cases of malarial diseases have to be treated annually. 2. The dose given is very much smaller. 3. It does not produce the unpleasant effects that quinine does—headache, deafness, tinnitus, etc.; nor does it disorder the digestion or cause nausea, as quinine is apt to do, in the doses in which it has sometimes to be given.

# THE Medical and Surgical Reporter.

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### ISSUED EVERY SATURDAY.

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### PASTEUR AND HIS EXPERIMENTS ON HYDROPHOBIA.

What a pity that the brilliant promises of M. Pasteur to protect the human race from the terrors of hydrophobia have aborted so completely! The sad results of case after case have been traced out, and we are driven to the conclusion that his method of inoculation has simply shown that no such means, so employed, is able to counteract the canine virus.

Pasteur proceeded on the "germ theory," on the conviction that the hydrophobic poison was some form of living, self-propagating organism, whose power of self-multiplication could be destroyed by exhausting the soil, as it were, by an allied organism of innocuous character. Such is broadly the theory of all theories of inoculation, and it derives a certain plausibility from the well known phenomena of many so-called zymotic diseases. Just now this theory is fashionable, although there are signs that it is approaching its period of wane.

Certain it is that Pasteur has disappointed the expectations of the public and the profession—expectations indiscreetly raised and stimulated by the public press, and by the premature confidence of Pasteur himself. How much better had it been if he had quietly pursued his experiments in his private laboratory and the hospitals, without this untimely announcement of them.

But Pasteur has always been an *idéologue*. His earliest chemico-physical discourse relating to the symmetry and asymmetry of crystalline bodies was an idea and not an observation, and the extreme vogue which it enjoyed at one time has now disappeared. It has not been productive of such wide results as he anticipated and announced. It remains as a scientific cnriosity, not as a pregnant truth of nature.

The undue haste of this gifted man to proclaim theories which cannot be verified should be a lesson to all workers in the field of science.

### THE VALUE OF THE DIGESTIVE FERMENTS.

A subversive article appears in the *Transactions* of the Irish Royal Academy of Medicine from the pen of Dr. J. M. Purser. It is upon the therapeutic uses of the digestive ferments—pepsin obtained from the stomach, and trypsin from the pancreas.

He attacks without gloves the value of both of them as administered by the mouth in the usual way. Of the pancreatic ferment, he says: "It is evident that it is useless to administer trypsin as a drug, for its

activity will be destroyed if it is administered while the stomach is digesting and contains acid, while if it be given fasting when the stomach is empty and does not contain acid, it is incredible that it could pass through the stomach and lie in wait in the duodenum until the next meal be taken, and, having undergone stomach digestion, has passed through the pylorus."

As to pepsin, in any of its varied preparations, he is almost equally positive. He points out that pepsin is almost always found in notable quantities in the contents of the stomach, and believes this shows that it is not its absence which leads to dyspepsia, and winds up his discussion of it with the words: "I think that pepsin, like the other ferments, should be banished from the list of drugs employed for administration as internal medicine."

To these theoretical objections may be opposed clinical experience, which has repeatedly shown these drugs to be beneficial. But to this Dr. Purser replies that in a similar manner thousands of patients have been cured by homœopathic granules, by breathing through a solenoid, or by being put to bed with a horse-shoe magnet. He believes all the digestive ferments to have no higher and no other value as internal medicines.

He considers their only proper use to be to digest food in clean vessels outside the body and to administer the digested material. His position, though a bold and subversive one, must arrest the attention of scientific therapeutists.

#### THE ENGLISH CONTAGIOUS DISEASES ACTS.

These acts have now been in operation over twenty years, with excellent and steadily improving results. Regiments stationed in cities where the Acts are not in operation have about forty per cent. more or less disabled every year with some form of contagious venereal disease, while where the Acts are enforced this number is reduced to 15 or 18 per cent.

The practical working of the Acts may be briefly described, as they continue to be grossly misrepresented by their opponents. The territory is divided into stations, in each of which is a venereal hospital, with medical officers and female nurses in attendance. Each district has a superintendent to whom is reported by the police any woman who appears in public offering herself as a prostitute. The police are instructed to be very careful and guarded in their reports, and to act only on as clear evidence as is possible in cases of this kind.

The woman, when reported, is brought before the superintendent, who urges her to leave this mode of life, and warns her that if she continues she must pledge herself to appear for a medical examination every two weeks. Usually the women consent at once, and are often glad of the chance to be thus protected against the unfortunate results of their occupation. If diseased, they are sent to the hospital and properly treated. If incurable, she may remain for nine months, and is then discharged, but not permitted to reappear in her former vocation.

In spite of the most active opposition of ladies, clergymen, sentimentalists, and other wholly ignorant and prejudiced parties, and in spite of the howl that these Acts gave a quasi-legal recognition to prostitution, they have been continued with great advantage to the English army and navy, and with yet greater to the wretched women whom they most nearly concern.

#### REPORT YOUR RARE CASES.

Physicians sometimes ask, Why publish the records of cases which are so rare that the practitioner meets them no oftener than once a year or so?

The answer is, precisely because they are rare. A commonplace case of a common disease gives no anxiety to the attending medical man, and therefore incites him to no study of its features. He is not at a loss to deal with it, and asks no assistance.

But when he meets symptoms and complications which are unusual, he will, if an honest and intellectually active man, seek to find some parallel instance in the volumes of his library or in recent periodicals. It is precisely in such cases that he desires guidance and asks for the experience of others. These are the spurs to his intelligence, and the tests of his devotion to the science he cultivates.

What he asks of others he should give in return. When he comes across a rare case, a malady presenting unusual features and remarkable complications, he should set about unraveling them to his own satisfaction, and not stop there, but he should write out a history of the case and send it in to be recorded in the medical press. Thus he will not only benefit himself but others, and will have the satisfaction of feeling that he has in some measure paid that debt which Lord Bacon says every man owes to his profession.

We take this opportunity to say that our columns are always open to the reports of

such cases, and we urge our readers to send them in for publication. They belong to that best and highest grade of scientific literature, the records of the original observations of intelligent observers. We hope that this invitation will be accepted by many, and that a series of such cases will be sent us.

## NOTES AND COMMENTS.

### When to Operate in Uterine Cancer.

In a discussion of this subject lately, Dr. J. Williams, of London, states that all cases of cancer should be operated upon, provided they are met with at a period sufficiently early to justify the hope of effecting a radical cure. But what are the physical signs which justify this hope? The pathological condition which justifies it—be the cancer in the portio vaginalis, the cervix, or the body—is that the disease has not passed beyond the uterine tissues. This, however, is not easily discovered either before or during the operation. Frequently, indeed, the after results prove that it was too late, even in cases which appeared to be favorable. The physical signs generally relied upon are mobility of the uterus, absence of induration around it, and absence of affection of the glands. In endeavoring to establish these points, the examination should be made under an anæsthetic, and the whole pelvis should be explored by the vagina and by the rectum. In spite of every care, however, clinical investigation may mislead, because the disease may have passed beyond the limits of the uterus and yet give rise to none of the physical signs mentioned. The pathological condition present is most easily established by clinical examination in cancer of the portio, for when the disease has reached the vaginal vault it gives rise to superficial induration at the place invaded, and this is more easily discovered than when induration of a slight degree is present in deeper tissues. In such cases, and indeed in all cases, the rule should be to make the incision in the vaginal wall wide of the indurated part. In this means alone lies any hope of preventing recurrence.

### Therapeutic Value of Ergotine.

A European physician, Dr. Savitski, observes that ergotine has been used with success in the treatment of many affections—e. g., by Vidal in prolapsus recti, by Hunt and Pepper in diabetes, by Saunders, Murrell,

and Noakes in diabetes insipidus, by Allan for the cough in some lung affections, by Granzio in obstinate constipation, by Gauld-mel in the night-sweats of phthisis, by De Martini in spermatorrhœa, by Demange in some forms of typhoid fever, and by Girma in general paralysis. It has also been employed in chorea and dysentery. The theory of its action in these diseases he does not pretend to expound, but he calls attention to the similarity of the action of quinine and ergotine. Both, he says, undoubtedly cause contraction of the uterus and the spleen, the effect of quinine on the uterus having been scientifically worked out in a dissertation published by T. T. Smolski in 1876, and that of ergotine on the spleen having been shown by Dobodchiki (*Vrach*, 1880), and by Semchenko (*Vrach*, 1883). This similarity led him to think that one of these drugs might serve as a substitute for the other, and he therefore made a large number of observations on the effect of ergotine upon the cases of intermittent fever occurring in the Lubinski regiment with excellent results, especially where an enlarged and tender spleen was present. He finds that a combination of ergotine with quinine acts very satisfactorily, and that in this way considerable quantities of quinine can be saved, as half the dose of quinine which would be required if given alone will suffice if combined with ergotine. The preparation of ergotine used was Bonjean's, the dose in chronic cases being about a grain three times a day.

### The Causes of the Uterine Souffle.

This question has been discussed by a German writer, Dr. Wehmer. He had a case in which the seat of origin of the ordinary uterine souffle could be clearly and experimentally demonstrated. A. Z., multipara, pregnant nine months; abdomen very pendulous. The recti muscles were so widely separated as to leave below the umbilicus an interval of twenty centimetres (eight inches) between one another. In this interval the abdominal walls were extremely thin and translucent, so much so that through them a large pulsating blood-vessel could be seen on the left side running in the uterine wall, and followed for a distance of ten centimetres (four inches). On auscultating this vessel, a distinct whizzing bruit was audible, synchronous, with the maternal pulse, and the movement of the arterial wall could be readily felt with the finger. Pressure with the stethoscope or the finger completely silenced the bruit. Anæsthesia also

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brought it to a standstill, owing probably to the co-existing fall of intra-abdominal pressure; the bruit returned when the woman regained consciousness. During the labor-pains the note of the soufflé reached a higher pitch, and became musical. After delivery it continued audible for two days, with diminishing distinctness. Wehmer believes this to be the first case in which the seat of origin and the various circumstances affecting the soufflé have been so capable of demonstration, and here they were so owing to the existence of an unusually large branch of the uterine artery.

#### Medical Uses of Spartein Sulphate.

A Russian writer, Dr. Gluzinski, gives the results of some observations, both physiological and clinical, on the action of sulphate of spartein. Its main action is to slow the heart; besides this, it raises the blood-pressure. On cold-blooded animals it acts with a greater degree of intensity than on mammalia. The action on mammalia may be divided into three periods or stages, during the first and last of which the effects are more marked than during the second. Indeed, in some cases the heart is even quickened during the second period. This may be explained by the existence of some abnormality or pathological change in the irritability of the vagus or of the heart muscle. The reflexes are at first increased, afterwards diminished. Death occurs from asphyxia, and is due not only to the effect on the medulla, but to that experienced by the respiratory muscles. The therapeutic use of spartein is limited to the first stage of its action. Its value consists in the rapidity with which it acts. In some cases, within an hour after the first dose the pulse begins to improve, as well as the subjective sensations of the patient, and no irregularity is produced. Spartein has not so powerful an action as digitalis. It may, however, be useful in cases where the condition of the patient renders it inadvisable to wait for the more tardy effect of digitalis, and it may therefore be used as an adjunct to the latter drug, besides which it may be prescribed where circumstances exist which contraindicate the use of digitalis.

#### Indications for the Use of Nitro-glycerine.

Dr. Trussewitsch, in an instructive paper on the use of nitro-glycerine, published in the *St. Petersburger Medicinische Wochenschrift*, points out that the value of this drug

in various affections—angina pectoris, migraine, and neuralgia (which he describes as angioneuroses), as also in sea-sickness, some forms of anæmia, faintness, palpitation, and other diseases—depends upon the existence of an irregular distribution of blood, which condition may be inferred from a certain degree of pallor of the skin, especially of the face, often co-existent with a weak pulse and a small rigid radial artery, which frequently is situated at some depth. When, on the other hand, headache and neuralgia occur in patients with chronic congestion of the subcutaneous veins of the face, nitro-glycerine is to be avoided; and similarly it is of no use in asthma, when the face is reddened in consequence of emphysema. If, however, a pale face exists with angina pectoris, migraine, giddiness, shock, toothache, or sea-sickness, the best results may be looked for by giving nitro-glycerine. The regulating effect of the drug exercises an influence over the congestion of internal organs similar to that brought about by blood-letting; and in these congestions, whether of lung, brain, or kidney, when they are of a temporary character, the pulse is generally found to be slow and of low tension—a fact which, as the author remarks, is sufficiently well known in reference to the fever-free periods of acute hyperemia of the lungs.

#### The Method of Hunter.

The didactic plan adopted by the great surgeon Hunter, is well stated in a recent lecture by Mr. Wm. S. Savory. He said:

"But observe, I pray you, further, how Hunter proceeded in his work, for this is eminently characteristic of the man. He is not fond of starting propositions, which are then supported by arguments and made plain by illustrations; but his practice is to demonstrate in their order, without comment or dissertation, the facts which reveal knowledge. His habit appears to be not to say to us, 'I am convinced of this, and I will tell you why there can be no doubt about it,' but rather to place the premises before us—sometimes, it may be, with indifference, certainly without regard to effect, or any attempt at direction. His purpose appears to have been uniformly not to support a conclusion, but rather to make way for one. This, I think, is inscribed on the proudest monument of his genius—his Museum. May I ask you, only for a few moments, to look once more at it?"

This is really the best of all methods of instruction, because intellectually the most stimulating of all.

**The Treatment of Phthisis by Eucalyptol.**

Our foreign exchanges state that in Paris Dr. Bouveret has employed hypodermic injections of eucalyptol in the treatment of phthisis. The daily dose of the antiseptic has varied from one gramme and a half to two grammes and a half. The duration of the treatment has been from fourteen to sixteen days. Sixteen cases of phthisis were treated by this method; six of the number had fever, and the remaining ten were without fever. There was rarely any local disturbance at the site of injection. It was certain that the antiseptic was absorbed; it could be detected in the breath, but not in the urine. Albuminuria was not observed as the result of the treatment. It is very doubtful whether the number of bacilli was altered in any way by the method of treatment. Sweating, as a rule, was diminished. Its chief effect is as a balsamic preparation on the bronchial secretion, which it influences favorably.

**Treatment of Hæmatoma of the Ear.**

Dr. A. Lebrun, in a clinical lecture published in the new Brussels journal, *La Clinique*, says that after having tried various plans for the treatment of hæmatomas of the ear, including free opening as well as Follin's method of making a number of punctures, and having found them all very unsatisfactory, he has latterly injected iodoformed ether with complete success. For this two needles are inserted into the tumor at opposite points; through the larger one, No. 3 of Dieulafoy's aspirator, the contents are drawn off, the puncture being closed by means of iodoformed collodion. Then through the remaining needle, which is that of an ordinary hypodermic syringe, from fifteen to sixty minims of a solution of iodoform in ether, of a strength varying from 2 to 10 per cent., is introduced into the cavity of the tumor. This injection causes some pain, which, however, soon passes off. No dressing is required, and a complete cure results.

**Resection of the Superior Maxilla.**

Not long since, at the Medical Society of London, Dr. Leopold Servais (of Antwerp) read a paper on Removal of both Superior Maxilla for Large Tumors of the Face. The first case was that of a boy aged nine years, living at Wouroo, Holland. The operation was performed on October 10, 1883. The tumor had developed at the expense chiefly of the right superior maxilla. Ferguson's method of operation was adopted.

The cautery was used to stanch the bleeding. The roof of the orbit, the orbital plate, the nasal process of the right superior maxillary bone, and the larger part of the malar bone, were preserved. Recovery was rapid. There has been no recurrence. The second case was that of a woman. The tumor had been slowly growing for eleven years; it was of enormous size and extremely painful. It had been treated by caustics. The tumor was successfully removed, and the patient was now completely well. The operation took five hours.

**Herpes Associated with Locomotor Ataxy.**

It is stated in a Lisbon journal that there is now in the wards of a hospital in that city a patient suffering from locomotor ataxy, who, in addition to joint affections as described by Charcot, and loosening of the teeth while quite sound, has developed herpes zoster, extending from the cervical to the lumbar region, the eruption spreading outwards in the directions of the intercostal spaces, and being accompanied by severe neuralgia and hyperæsthesia of the skin over all the region affected. A few previous cases of herpes associated with locomotor ataxy have been mentioned by Fournier, Charcot, Buzzard, and by Portalier in his thesis (Paris, 1884). In all these, however, the herpes seems to have been developed in the preataxic period. Similarly as to the falling out of the teeth, which is also rare, Fournier only mentions one instance, and in this it occurred before the manifestation of ataxic symptoms.

**Hydrastis in Uterine Hemorrhage.**

Dr. L. Göth has employed the tincture and fluid extract of *hydrastis canadensis* in various forms of uterine hemorrhage, especially in disordered menstruation, metrorrhagia, hemorrhage following abortion, and that occurring at the change of life. The best results were obtained where no organic disease existed, and in the climacteric hemorrhages. Less satisfactory effects were observed in the menorrhagia of chronic metritis, and no effect at all was produced on hemorrhage due to erosion of the os uteri, or on the secondary hemorrhage following abortions. The dose of the fluid extract used was twenty drops, and this amount was given several times a day.

**The New Combination, Bismuth Sub-Iodide.**

This is intended to replace iodoform. Iodine fused with bismuth forms bismuth

iodide. Boiling the latter with water leads to the precipitation of the sub-iodide as a fine powder. It, like iodol, is said to be inodorous, and yet to be equally as effective as iodoform as an antiseptic.

## CORRESPONDENCE.

### The Substitution Question.

EDS. MED. AND SURG. REPORTER:

In your valuable paper of February 26, 1887, there is an article on "Substitution by Druggists" that I wish to reply to, both as a physician and pharmacist; not with any spirit of envy whatever for any one, but with *candor and charity*. I wish to be candid with my brother M. D.'s and charitable to all my fellow-druggists—both wholesale and pharmaceutical chemists. First, let me say that I am both a physician and pharmacist. My experience began behind the counter some twenty years ago, and my time has been devoted to my profession ever since. I say this not with any disposition to egotism, but to make plain the fact that I have a right to talk. There are very few weeks but what a pharmacist meets with many little errors on the part of his medical friends, which he (the pharmacist) must correct, and that very often without consulting any one or anything except it be his own good judgment; for the doctor in question may be miles away when the prescription is presented to be filled. I might give you many illustrations as to what I say, but knowing the M. D.'s in our land to be quick at perceiving, as a rule, I will only give two to make my point clear.

Case No. 1.—For Mr. W. No. 1.

R. Syr. ferri iod.,  $\mathfrak{z}$  ij.  
Syr. simpl., q. s.  $\mathfrak{z}$  ij. M.  
Sig.—Apply with a brush.

Dr. Z.

For Mr. W. No. 2.

R. Tr. iodine,  
Glycerine,  $\mathfrak{a}\mathfrak{a}$   $\mathfrak{z}$  j. M.  
Sig.—Twenty drops after each meal in water.

Dr. Z.

Now, both of these prescriptions were for Mr. W., who presented them. Dr. Z., his physician, is a good, honest, intelligent physician—rather above the average. I put up the prescriptions just as ordered, with this exception, viz., I put No. 1 direction on No. 2, and No. 2 on No. 1. Two days after, the doctor was interviewed by myself, and his prescriptions shown him. He very frankly

acknowledged his mistake, which I had corrected. Mr. W. in this case knew nothing of the little mistake; for above all, the doctor and druggist should learn to keep their own secrets.

Case No. 1.—Mrs. I.

R. Blank & Co.'s gr.  $\frac{1}{4}$  podophyl. pills No. xx.  
Sig.—1 daily.

Dr. O.

The young physician in this case (Dr. O.) was not well acquainted with me then. He had graduated two years before, and as yet was without much experience as a practicing physician, and less with manufacturing chemists. However, his diploma had been granted him upon merit alone, and he was certainly competent to treat the lady and her trouble in question. After Mrs. I. had handed me the prescription, I frankly told her we did not have Blank & Co.'s  $\frac{1}{4}$  gr. G. C. podophyllin pills, but we did have  $\frac{1}{4}$  gr. G. C. podophyllin pills, made by a party who had an experience of twenty-five years, and that we had found them to be reliable in every way, and if she said so we would fill the prescription as she ordered. She so ordered, and we filled it. I met this young doctor a few days after, and told him what we did, also gave him some good wholesome advice, which I promised not to mention. The doctor and I are perfectly good friends to-day, and he enjoys a good, lucrative practice.

The pharmacist should keep U. S. P. preparations, chemicals, etc., that he has put to the test and knows to be good. Purity and virtue should be above the name of any firm, and bribes.

Speculators in "specific" preparations should be discountenanced by all reliable physicians and druggists. Laws in regard to the manufacturing of pharmaceutical preparations should be more exacting. There is hardly a year but what some new manufacturing concern floods the country with samples of worthless articles, and begs of physicians to prescribe them. The chemicals that I keep in my case are not those which are sent me in "sample" lots, but those which I have found to be reliable by actual test. No M. D., wholesale house, or pharmaceutical chemist, can shake my confidence in a preparation or chemical that I have used for twenty years, and from which the results have been satisfactory. This I say with respect for every one engaged in the handling of medicines. Within my reach now I see eleven different catalogues of manufacturing chemists, each of whom makes two hundred or three hundred different preparations. They may all be good; but that

a retail druggist should be expected to keep some of each and all, is both unnecessary and unwise. So I for one will tell my customers the truth when I have not got what is called for, and will also give them the reason why. Very truly,

H. Y. L.  
St. Charles, Ills.

#### A Case of Spontaneous Cure of Hernia with Incidental Loss of a Testicle.

EDS. MED. AND SURG. REPORTER:

I was consulted by a worthy couple recently for an opinion as to the reason of their not being the parents of a family. The wife stated that they had been married five years, and, as she said, "it was about time for them to have a baby." She generously assumed the blame, and submitted to a physical examination, which exhibited a model uterus and appendages. Organically, she was not less a model than functionally. I suggested to her that her sterility was not her fault, and that an examination of her husband might throw more light on the dark subject. She sent him to me, and in his person he presented a large, muscular, well-fed, and apparently a perfect man. He denied ever having had gonorrhoea or any venereal disease; said that he "reckoned" he enjoyed connection as well as any body; in fact, took "right smart" comfort out of it. Questioning rather closely, I drew out of him the information that when eighteen years old (he is now thirty-three) he was ruptured; that for a while he wore a truss, but at last he was unable to get one which he could wear comfortably, and took to wearing a suspensory bandage. Then he took sick with cramps, which lasted for three days. All this time he had no doctor. When his cramps were gone, so also was his rupture, and with it his testicle. Since that time his belly has been "as hard as a rock." And, in fact, below the umbilicus his abdominal walls are hard—will not yield to the fingers or to any pressure brought to bear on them. As my object in reporting this case is to get information, I will not present any theory as to what this hardness is. I would be glad to see reported in your columns any cases similar to this. The points of interest to me are the following:

1. The spontaneous cure of the hernia. My library is entirely silent on such an occurrence. I knew one case in the earliest year of my practice, but never reported it.

2. The ascent of the testicle. If such a cure of hernia is not rare, the withdrawal of the testicle certainly is. In this connection,

I will say that the same day in which this patient presented himself there came an old man with an enlarged prostate, who stated that when twenty years old he had the mumps, with the result of complete atrophy of one testicle, but he has since become the father of a numerous family.

3. The peculiar condition of the abdominal walls; what causes it? and of what prognostic value is it in regard to any possible future acute disease which the patient may contract?

4. The sterility; for it must be the result of this lost testicle. The testicle is not destroyed, but must lie imbedded in the abdominal cavity and fixed there by adhesions. The patient has now, and has had for thirteen years, perfect health almost.

A report of any cases bearing on any one of these points would, to me at least, be of extreme interest.

W. W. CLAYBAUGH, M. D.  
Gordon, Nebraska.

#### Long Retention of Placenta in a Case of Abortion.

EDS. MED. AND SURG. REPORTER:

Mrs. ———, æt. 30, mother of two children, her temperature sanguine, stature small, health usually very good, cheerful disposition, a farmer's wife, sent for me in haste, February 18, 1887. Two days prior her husband came asking a prescription for an excessive menstrual discharge, and gave the following history of her case, viz: About the middle of July, 1886, she menstruated, and did not do so again until November 7—about four months—when again the discharge appeared in what seemed to be a normal manner and quantity. During the course of these four months she had all the signs of pregnancy common with her, as absent menses, morning vomiting, enlargement of the mammary glands, increase of flesh, and enlarged abdomen. However, from the time the menses appeared in November these signs rapidly disappeared, and there were no further indications of pregnancy, except that the menstrual discharge did not return regularly. On the 16th of February, 1887, however, while lifting a crock of milk, she noticed a very free gush from the vagina, which, upon examination, she found to be blood. This soon saturated her clothing and a number of napkins, and then ceased, almost entirely without any pain worthy of note. She distinctly noted a slight chill and a sensation of coldness in the hypogastrium. I warned the husband that very probably



his wife was having an abortion, and to let me know promptly if the discharge returned; in the meantime she should keep quiet, and avoid all physical effort. Ordered ergot to be used if the hemorrhage should return. At about 1 a. m. on the 18th, I saw her, to relieve a second attack of "flooding." The discharge was not and had not been very excessive at this time, but there were present regular uterine contractions. The taxis revealed a loose foreign body lodged in the os uteri, which on removal was found to be the head of a fetus of apparently about three months' gestation, and so friable as to hardly hold together under very slight pressure. The placenta was still retained high up in the uterus, but was loose and detached. After some efforts to extract it, and failing, I ordered ergot freely for several doses, and lay down until 5 a. m., at which time I found it lodged against the inner portion of the os, and extracted it. I found it to be hard, smooth, white, tough, the cotyledons well marked, and having no sign of any recent attachment to the uterine surface except a small margin at its inferior section, where it it was red and vascular.

The history of this case led me to believe that the pregnancy had gone on normally until the time of menstruation in November, and that the fetus lost its vitality at that time, and had been retained ever since, the placenta being but partially attached after that date up to the time of its delivery. The partial attachment was sufficient to maintain a low degree of vitality in the placental mass, but not in the fetus. There were no present evidences of decomposition. The portion of fetus removed seemed more as if it had gone through a process of desiccation rather than of decomposition. The placental mass was unusually tough and hard, and light in its color.

It is not uncommon for the placenta to be retained for one or two weeks, and then be cast off as a fetid mass, accompanied generally with considerable exhausting hemorrhage. If my explanation of the clinical history of this case is correct, it is at least—though by no means unique—a quite unusual case.

In another case coming under my notice, the lady had a free menstrual flow, as she supposed, for which she was treated at the time by her physician. Six weeks later, while doing her washing, she, with little pain or hemorrhage, cast a hard, tough, placental mass. She had, I believe, not suspected her pregnancy at all. T. C. SMITH, M. D.

*Aurora, Ind.*

## NEWS AND MISCELLANY.

### Poison Accidentally Ends the Life of a Baltimore Society Man.

Addis Emmet Carr, the grandson of Mr. David Dudley Field and of the late Dr. J. Marion Sims, of New York, died at his home in Baltimore, March 1, under exceptionally tragic circumstances.

Mr. Carr, who was a young man, considerably under 30, was by profession a civil engineer, and took deep interest in electrical matters and chemistry, and a laboratory was fitted up near to his bed-room. Early in the evening he was engaged in his favorite study, when the ladies of his family were terribly frightened by his suddenly rushing into their midst and exclaiming that he had swallowed a large dose of poison. A physician was sent for immediately, and to the latter Mr. Carr related that, by some mishap, he had swallowed a mouthful of the acid used for his electrical batteries, a poison of the most deadly nature. His terrible danger, however, did not rob him of his presence of mind, and he swallowed liberal doses of hot water while waiting for the doctor. When the latter arrived, Carr was in great agony; another physician was immediately summoned in consultation, and everything was done that science could suggest for the sufferer, but he died. He did not relate how he came to make his fatal mistake.

### Beats the Faith Cure.

The *Baltimore American* publishes the following under the heading: "*What the President's Patch Did.*" Parkersburg, West Virginia, December 18. Ten years ago Mrs. Ada Martin, living in a small town in Ritchie county, punctured one of her limbs so severely as to cause permanent paralysis of it and deprive her of the power of speech. During the period of her affliction she has been making crazy quilts, and endeavoring to obtain patches from prominent men. Presidents Hayes, Garfield, and Arthur sent her patches, and a day or two ago she received a patch from President Cleveland, with his compliments autographically expressed. Her pleasure at the event was so great that she jumped up suddenly, and in doing so knocked a revolver to the floor, causing it to be discharged. The ball entered her paralyzed limb, and the shock removed the paralytic effects and restored her speech. Ever since the occurrence she has had the use of her tongue, which for ten years has been silenced. The physicians say

she will have the use of her limb as soon as the bullet wound is healed." We may now expect to hear of all the deaf and dumb asylums and hospitals for the crippled and paralyzed laying in a stock of assorted revolvers for therapeutical purposes.

#### Wills of Medical Men.

The *Lancet* gives the following particulars regarding the estates of medical men recently deceased:

Charles Chadwick, M. D., late of Bread-water Down, Tunbridge Wells, Ken; proved on November 1. Value of the personal estate amounting to upwards of £92,000. Henry Jewell, M. D., formerly of Sidmouth, but lately of Salcombe Regis, Devon; proved at the Exeter district registry on October 18. Value of personal estate amounting to upwards of £8,000. Francis Falwasser, surgeon-major, Medical Staff Corps, late of the North Camp, Aldershot, Hants; proved on October 27. Value of the personal estate amounting to upwards of £4,000. Robert Fowler, M. D., late of 145 Bishopsgate street Without, and 12 Old Burlington street; proved on November 6. Value of the personal estate exceeding £4,000. Harvey Buchanan Holl, M. D.; proved on October 11. Value of the personal estate exceeding £3,700. Walter Somerville, M. D., formerly of Greenfield, county Lanark, N. B., but late of Harrogate; proved on October 26. Value of the personal estate in the United Kingdom amounting to over £2,000.

#### Inebriate Jurors.

The *Journal of Inebriety* says:

A valued correspondent vouches for the following: In a Western city an inebriate was on trial for manslaughter. The defense was insanity from alcohol. After a long trial, and deliberation of two days, the jury brought in a verdict of guilty. A new trial was granted, on the grounds that two of the jury were so much intoxicated as not to be able to decide on the verdict. It was alleged that all the jury drank, and had several free fights in the jury-room. At the close of the second trial, one of the jury had an attack of delirium tremens, and rushed for the judge to whip him. In the third trial, the jury brought in a verdict of guilty, but not responsible. This was not accepted: then they disagreed. The case was then taken into another court, where the plea of guilty was made, and the judge sentenced him for life, with a heavy fine. The defense now asks for a new trial, on the ground of the in-

competency of the judge, who, it is claimed, was partially intoxicated when sentencing the prisoner.

#### Pasteurism in Russia.

The operations of the Russian Pasteur Institute at Odessa have proved a signal failure, says the *Buffalo M. and S. Jour.* One-third of all the patients treated have died, and it seems highly probable that some of the deaths are due solely to the treatment. The following case, from *Novoe Vremia*, will serve as an illustration: In the month of July, 1886, Dr. Arthur Stoboi was bitten by a dog supposed to be affected with rabies. The boy was immediately sent to the institute of Dr. Boniville, in Odessa, and was there treated according to the system of Pasteur. On the 9th of November he experienced a severe pain in the place where the virus had been inoculated by the physician, and, two days afterward, died of rabies. The dog which bit the boy, however, is still alive, and has, up to the present time, shown no symptoms of hydrophobia. We must thus necessarily attribute the death to the treatment alone.

#### A Walking Maniac.

Dr. Zenner, in a recent lecture at Cincinnati College, referred to John Snyder, of Dunkirk, whose marvellous feats of walking have interested the medical profession as well as the public. Dr. Zenner said that to him the man seemed perfectly rational, and was certainly not an impostor. During the forty-eight hours that he was watched by the students of the Ohio Medical College, he walked all but seven hours, and did not lie down at all. He says it does not rest him, but makes him tired and uncomfortable to sit down. The disease then is not in the walking, but in the uncomfortable sensation on account of which he walks. Weston walked 5,000 miles in one hundred days; but this man has walked almost 25,000 miles in five hundred days, and is no more tired than when he began. His gait was such as to cause the least possible fatigue.

#### A Whistling Barometer.

In the village of Meyrin (Canton of Geneva), Switzerland, some disused wells, it is said, have been hermetically sealed to serve as barometers to the people. According to the *Scientific American*, an orifice about an inch in diameter is made in the cover of the well, by which the internal air is put in com-

munication with the external. When the air pressure outside diminishes on the approach of a storm, the air in the well escapes and blows a whistle in connection with the orifice, and in this way notice of a storm's approach is given to the inhabitants. If, on the contrary, the pressure increases, a different sound is produced by the entry of the air into the well, and the probability of fine weather is announced.

#### One of the Results of Cremation.

Miss Kate Field tells the following, illustrative of one of the benefits of cremation. A lady, visiting some friends, neglected to bring her tooth-powder. Looking about her bed-chamber she noticed an elegant vase. On removing the cover she found a grayish, calcareous powder. This she regarded as a dentifrice, and proceeded to avail herself of the discovery, finding it very satisfactory. The next day she mentioned the fact to her hostess, apologizing for making free with her tooth-powder. The countenances of the family expressed various emotions, which at last found vent in the gasp of one of the daughters, "Why, that's aunty!" Thus, as a tooth-powder, the ashes of the cremated are a success.

#### The Secret Remedies of Berlin.

In the list of "secret remedies" of which the Berlin police have published a series of analyses in the daily press, are the following: "Bauer's Consumption Cure" consists of a decoction of malt and apples; "Volkmann's Drunkard's Cure" is a mixture of gentian and lycopodium; "Baretta's Stomach Powder" is a mixture of bicarbonate of soda, with cream of tartar, milk, sugar, sal ammoniac, chalk, and a trace of pepsin; "Harz's Mountain Tea" consists of a mixture of peppermint, lactuca, liquorice, sassafras, lavender, and millfoil.

#### A Question Answered.

Professor of Physiology: "What would be the result if, when a person takes an inspiration of air, it should pass into the stomach instead of the lungs?"

Student: "It would soon become a borborygmus, and, in utter disgust, make its exit at the back door, with as much noise as if it were authorized to announce another question in physiology."

#### Why He Lost a Good Patient.

A prominent Philadelphia surgeon, says the *Philadelphia Medical Times*, lost a good

patient, a spinster, the very pattern of propriety, by writing a prescription for "Fluid Ext. Rham. Cat." After reading the prescription, she said nothing could induce her to swallow such a remedy, and that the doctor ought to be ashamed of himself for ordering it. He is now a sadder and a wiser man, and keeps on the safe side by prescribing castor oil for his hysterical patients.

#### Quicksilver Production in Tuscany.

The two Italian mercury works, Rosselli and Schwarzenberg, situated at the Monte Amiata, south of Siena, yield annually from 7,000 to 8,000 bottles, about two-thirds of this quantity coming to the Rosselli works. The mercury is sent to Mr. Luigi Donegani's depot in Leghorn, and thence principally to the English market. A little antimony is also produced at the Monte Amiata.

#### Forty Thousand New Doctors in Ten Years

In the last nine years 103,598 persons have matriculated as medical students, and one-third of these, or 33,684, have become doctors of medicine. At this rate the total number of doctors for the decade will be nearly 40,000. For making these, the medical colleges must have received over twelve millions of dollars.

#### A Good Resolution.

At the recent annual meeting of the Ohio State Board of Health, Dr. Jones introduced a resolution requiring that every railroad company doing business in Ohio shall carry on its trains an emergency case, which shall contain bandages, cotton, and other things desirable in accidents, and that employes shall be instructed in their use by the surgeon of the road.

#### The Castor-Oil Industry in the United States.

Florida is following Louisiana in the attempt to make money out of the *Ricinus communis*. A firm in that State are preparing 320 acres to be planted in castor beans, and next year an oil mill will be erected.

#### Herrings Cured by Boracic Acid.

The new method of curing herrings by the application of boracic acid has proved extremely successful in Norway, and called into life quite a new industry at Bergen. There is no doubt that this discovery will in future be greatly developed.

### A New Interpretation of "M. D."

The *Southern California Practitioner* is responsible for the story of a doctor who gave up his profession on account of ill-health, and went into the milk business. He printed his cards "J. B. Johnson, M. D. (which means milk distributor)." He recovered.

### Dr. William Hunt Injured.

Dr. William Hunt, 1300 Spruce street, was knocked down and run over by a wagon at Broad street and Girard avenue recently. He had his right arm broken, and sustained severe cuts about the head and legs.

### The Epidemic at Shenandoah.

The borough of Shenandoah is now experiencing a most terrible epidemic of measles and scarlatina, directly traceable to the filthy and generally insanitary condition of the town.

### Small-pox in New York.

There were five cases of small-pox discovered in New York, March 5. The patients were removed to the hospital, and means were taken to prevent the spread of the disease.

### Cholera Epidemic at Montevideo.

The Secretary of State is informed that the cholera has been officially declared epidemic at Montevideo.

### Definition of Medicine by a French Scoffer.

What is medicine? The art of killing people without offending the police.

### Personals.

--Dr. H. C. Wood, of this city, has been tendered the chair of medicine at the Johns Hopkins University, Baltimore.

--Dr. Brodeur, of Paris, has gone to Montreal to establish a permanent home and introduce in America the methods by which Pasteur cures or prevents hydrophobia.

--William T. Taylor, whose death is announced in the 65th year of his age, was a graduate of the University of Pennsylvania, a member of the American Medical Society, Philadelphia County Medical and Philadelphia Obstetrical Associations.

--Dr. Emmet is reported by Dr. Munford, in the *Indiana Medical Journal*, as saying that in five years every man who has spayed a woman will apologize for having done so.

### Items.

--Life says that they do not say "stomach-ache" in Boston. They call it gastric neuralgia; but it gets there just the same.

--The distressing ear symptoms produced by the administration of quinine or salicylate of sodium are counteracted by the addition of small doses of ergot to the mixture.

--A German enquirer has, it is stated, taken four heads of hair, of equal weight, and then proceeded to count the individual hairs. One, red, was found to contain 90,000 hairs; another, black, 108,000; a third, brown, had 109,000; and the fourth, blonde, 140,000.

--The late Professor Panum, the distinguished Danish physiologist, died, in his sixty-fourth year, from thrombosis of the coronary artery, consequent fatty degeneration, softening, and finally rupture of the ventricular wall. He died literally of a "broken heart."

--Dr. Arthur Mitchell, from a large number of statistics, has come to the conclusion that illegitimacy is a very common cause of idiocy; the mental agony undergone by the mother causing an arrest of development of the embryo, giving rise to a congenital or developmental idiocy.

--A large factory of Breslau required a chimney fifty-four feet in height. Instead of constructing the chimney of bricks, as usual, a large number of solid blocks of paper, firmly compressed, were made use of. These blocks were placed carefully one on the top of the other, and joined together with a special cement.

### OBITUARY NOTICE.

JOSEPH WILSON, M. D., U. S. N.

Dr. Joseph Wilson, Medical Director of the United States Navy, died recently in this city. Dr. Wilson was born in this state; appointed assistant surgeon May 13, 1843; served on the vessels in the Pacific Squadron until 1847; took part in the Mexican War; was attached to the store-ship supply in the Japan Expedition in 1852-55, and the Philadelphia Navy Yard until 1857.

In the latter year he was commissioned surgeon, and served on the Pacific and North Atlantic Squadrons till the outbreak of the war of the Rebellion. He participated in the capture of Port Fisher, and at the close of the war served on the Board of Naval Surgeons. In 1876 he was President of the Board of Naval Examiners.